L21000000397

(Requestor's Name)	
(Address)	
(Address)	-
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



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2021 JAN 27 AN IO: 56

O SIMMONS

JAN 28 2021

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE_1/27/2021			**WALK IN*
ENTITY NAME MAURIC	CE ANDRE LLC		
DOCUMENT NUMBER_			
	PLEASE FILE THE	ATTACHED AND RETURN	
XXXX	Plain Copy		
····	Certified Copy		
	Certificate of Status		
***	PLEASE OBTAIN THE FOL	LOWING FOR THE ABOVE ENTITY**	
	Certified Copy of Arts &	t Amendments	
	Certificate of Good Stands	ing	
	APOSTILLE' / NO	TARIAL CERTIFICATION	
COUNTRY OF DESTINAT			
NUMBER OF CERTIFICAT	TES REQUESTED		<u> </u>
TOTAL OWED \$25.00		ACCOUNT #: I2016000007	2
Please call Tina at th	e above number for an	y issues or concerns. Thank you so	o much!

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF 2021 JAN 27 AM 10: 56

Maurice Andre LLC

(Name of the Limited Liability Company as it now appears on our records.) [] [(A Florida Limited Liability Company)

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ny were filed on 12/21/20	20 and assigned
ability company here:	
ability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
- 11	
e address on our record	s, enter the name of the new registered
Enter Florida stre	vet address
	Florido
City	, Florida Zip Code
	ability company here: ability Company," the designates address on our record

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Mana	ager orized Member		
<u>Title</u>	Name	Address 2021 JAN 27 AM 10: 56	Type of Action
		SECULLA LA LA STATE THI AS SOULE FL	□Add
			□Remove
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☐ Change

		2021 JAN 27 AM 10: 56
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	specific and cannot be prior to date of does not meet the applicable state	(optional) filing or more than 90 days after filing.) Pursuant to 605.0207 itory filing requirements, this date will not be listed as
ecord specifies a delayed effective da is filed.	te, but not an effective time, at 12	2:01 a.m. on the earlier of: (b) The 90th day after the
January 27th	. 2021	
	Isl Maurica Parkins	
Sig	nature of a member or authorized repr	resentative of a member

Filing Fee: \$25.00