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(Re	equestor's Name)	_
(Ac	idress)	
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(Cit	ty/State/Zip/Phone	e #)
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7/2/24

TO: Registration S Division of Co			
	SERVICE, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	NADIA MOUZABER		
		Name of Person	
		Firm/Company	·
	14757 SW 25TH STREET		
		Address	
	MIAMI, FL 33185		
		City/State and Zip Code	
	mkasandramouzaber@gma	il.com to be used for future annual report notif	ication)
For further information	concerning this matter, please c	•	
NADIA MOUZABER		786 930-38233	
Name	of Person		: Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of O P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Corp The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee 2 Street, Suite 810

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liabil (A Florid	ity Company as it now appears on our records. a Limited Liability Company))
The Articles of Organization for this Limited Liability (Florida document number L21000018633	Company were filed on $\frac{01/06/2021}{}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	 	
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		he name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
		rida
	FIO	F100

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.

 \dot{c}

DocuSign Envelope ID: 698AE1EB-8FDA-422A-B483-B41BB2E77DAC '11 amending Authorized rerson(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	MONICA MOUZABER	14757 SW 25TH STREET	≣ Add
		MIAMI, FL 33185	□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
		——————————————————————————————————————	□Change
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			⊡Remove

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s filed.			e, at 12:01 a.m. on the ea	artier of: (b) The 90t	h day after th
ument's effective date o	on the Department	of State's records.	ole statutory filing require		
ective date, if other the effective date is listed, the	an the date of fi	iling: and cannot be prior to	date of filing or more than	(optional) 00 days after filing.) Purs	uant to 605.01
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