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(Re	questor's Name)	
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PICK-UP	TIAW	MAIL
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Certified Copies	_ Certificates	of Status
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: THEISY MUSHMENTS LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Janeisy Rodriguez Name of Person Janeisy Involtments LLC Firm/Company Address
City/State and Zip Code City/State and Zip Code
For further information concerning this matter, please call:
Meisy Cuty, Jult at (239) 703 - 4995 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee Scrifficate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limite	d Liability Company as it now appear A Florida Limited Liability Company)	ars on our records.)	
The Articles of Organization for this Limited Lia	ability Company were filed on <u></u>	766 9 2621	and assigned
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liability company b	<u>ıere</u> :	
The new name must be distinguishable and contain the we Enter new principal offices address, if applica (Principal office address MUST BE A STREET)	able:	designation "LLC" or the ab	breviation "L.L.C."
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE E</u>		,	
B. If amending the registered agent and/or reagent and/or the new registered office address		records, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:	Yaneisy 14) driguet	
New Registered Office Address:	2726 SW31	(LP) GCQ orida street address	<u> </u>
	City City	, Florida	33914 - 74 p Code
New Registered Agent's Signature, if changing R	egistered Agent:		24

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Yoneisy Rodriguez	Care ocral FL 330	C BAdd
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ffective date, if other that an effective date is listed, the da lote: If the date inserted in to ocument's effective date on	ite must be specific ar his block does not	nd cannot be prior to meet the applicab	date of filing or more that	(optiona n 90 days after filir irements, this da	g. Pursuan	t to 605.0207 (be listed as t
record specifies a delayed ef Lis filed.	fective date, but no	ot an effective time	e, at 12:01 a.m. on the	earlier of: (b)	The 90th da	ry after the
1	nth	2021				
ated MOJ 1	<u> </u>					