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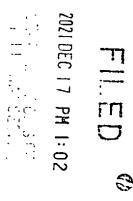
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificate	s of Status
Consideration to Filin	- Office	
Special Instructions to Filin	g Officer:	

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C. BRUMBLEY JAN - 4 2022

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: LA MOISON NOI MEDSIXA 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:	
NOT VETY NO EIOI Name of Person	
La Maison Noti maspa LLC Firm/Company	
23721 Silver date 1000 apt # 207	
Land Dlakes FL 34639 City/State and Zip Code MCTVCIANC D 9 Mail COM P-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
MCTVCIVIC EIDI at (247), 932-9881 Name of Person Area Code Daytime Telephone Nu	mber
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	00 Filing Fee, ificate of Status & ified Copy tional copy is enclosed)
Mailing Address: Registration Section Street Address: Registration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

La Maison Noir Medsba LLC

(<u>Name of the Limited Liability Compa</u> (A Florida Limited)	ny as it now appears on our records.) Liability Company)	202
The Articles of Organization for this Limited Liability Company Florida document number \(\begin{align*} \begin{align*} \left(\beg	were filed on <u>02</u> 22 2021	7021 DE Gind assigned FD 1:02
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" (or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	14003 N Mie Mabry	HW#C
(Principal office address MUST BE A STREET ADDRESS)	Tampa Fl 33618	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office a	14003 N DOIC MODY F Tampa FL 33618	
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	
Now Degistered Agent's Signature if shoulding Degistered Assessed	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		, , , , ,
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete		

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

Title 31	<u>Name</u>	Address	Type of Action
MASS.	Berise Artus Gulterrez	1050 Tapestry Law 4pt 24	D A Add
		Address 1050 Tapestry Law Apt 24 Brandon FL 33511	□Remove
			□Change
MGR	Komaindalubin	C356 Cobble Bliss Street Zephyrhills FZ 33541	_ 🗹 Add
			□Remove
			□Change
M'R	Sheen Bour	10231 Naker Valley Coop	
		Riverview, FL 335289	□Remove
			□Change
			DAdd
			□Remove
		,	_ □Change
			□Add
			🗆 Remove
			□Change
			□ Add
			□Remove
			Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effi	ve date, if other than the date of filing:
he record ord is fil	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated _.	<u>Accomber 9. 2021</u> 2021
	Marwhair 9, 2021 Signature of a member or authorized representative of a member
	Mechanic Em
	Typed or printed name of signee

ETT. E. COSO