L210000 90766

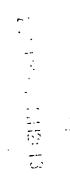
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





300366901283

06/04/21--01010--004 **25.00



COVER LETTER

ro:	Registration Sec Division of Corp			e.			
SUBJE	CCT: Minover E	nterprises LLC					
Name of Limited Liability Company							
The en	closed Articles of a	Amendment and fee(s) are subr	nitted for filing.				
Please	return all correspo	ndence concerning this matter t	to the following:				
		Michael Weller					
			Name of Person				
		Minover Enterprises L	LC				
			Firm/Company				
		11814 Stonewood G	ate Dr				
			Address				
		Riverview FL 33579					
			City/State and Zip Code				
		wellermichael99@gmail.co					
			o be used for future annual report notifi	cation)			
For fur	ther information c	oncerning this matter, please ca	dl:				
Micha	ael Weller		at (813) 590-8804				
	Name o	f Person	Area Code Daytime	Telephone Number			
Enclos	ed is a check for th	ne following amount:					
□ \$2:	5.00 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 ADDRESS:

Registration Section Division of Corporations P.O. Box 6327

STREET/COURIER ADDRESS: Registration Section

Registration Section Division of Corporations Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Minover Enterprises LLC			
(Name of the Limi	ted Liability Company (A Florida Limited Lia	as it now appears on our rebility Company)	cords.)
The Articles of Organization for this Limited L	Liability Company w	ere filed on	and assigned
Florida document number L21000090766	,		
This amendment is submitted to amend the foll	lowing:		
A. If amending name, enter the new name o	of the limited liabili	ty company here:	
The new name must be distinguishable and contain the v	words "Limited Liability	Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:	11814 Stonewood Ga	ite Dr
(Principal office address MUST BE A STREE	ET ADDRESS)		_
		Riverview FL 33579	
Enter new mailing address, if applicable:		11814 Stonewood Ga	ate Dr
(Mailing address MAY BE A POST OFFICE	BOX)	Riverview FL 33579	
B. If amending the registered agent and registered agent and/or the new registered o	2		ords, enter the name of the n
Name of New Registered Agent:	Northwest Re	egistered Agent LLC	f s •
New Registered Office Address:	7901 4th St N		
		Enter Florida street ac	- - -
	St. Petersbur	rg	, Florida 33702 🔀
		City	Zip Code

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 = Manager

AMBR =	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			Change
			□ Add
			Remove
			Change
			□ Add
		1417-141	☐ Remove
			Change
			
			Remove
			Change
			Add
			Remove
			Change
			Remove
			□ Change

Lint I I C Mambara	Vas		
List LLC Members -	Tes		
·			
			
·			
		<u></u>	
Effective date, if other than th	e date of filing:	(optional)	
If an effective date is listed, the date mu	ist be specific and cannot be prior to flock does not meet the applicab	o date of filing or more than 90 days after filing.) Pursuant to ble statutory filing requirements, this date will not be	o 605.02 e listed :
he record specifies a delaye The 90th day after the re		an effective time, at 12:01 a.m. on the e	arlier
Dated June 1st			
	Michael Weller		

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee