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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Div	ision of Corp	porations			
CUB ICAY		RPRISES LLC			
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed	l Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspor	ndence concerning this matter	to the following:		
		ELIZABETH MEISER			
			Name of Person		
		MFR ENTERPRISES LLC			
			Firm/Company		
		5838 SW COUNTY ROAL	O 760		
	Address				
	ARCADIA, FL 34266				
	City/State and Zip Code				
		mfrenterprisesIlc@gmail.co			
		E-mail address: (to be used for future annual r	eport notification)	
For further in	nformation co	oncerning this matter, please ca	ali:		
ELIZABET	H MEISER		941 719 at ()	-5956	
	Name of	Person	Area Code	Daytime Telephone	Number
Enclosed is	a check for th	e following amount:			
■ \$25.00 I	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclo	osed) C	60.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)
Re	iling Address gistration S vision of Co	ection	Division	tion Section of Corporations	
P.O. Box 6327		The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MFR ENTERPRISES LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{03/17/2021}{1}$ and assigned Florida document number <u>1.21000126583</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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 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>	Name	<u>Address</u>	Type of Action
MGR	CODY MEISER	5838 SW COUNTY ROAD 760	= Add
		ARCADIA, Fl. 34266	□Remove
			□Change
		<u></u>	□Add
			Remove
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			□Add
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			∏ C'hanna

If amending any other info	rmation, enter ch	ange(s) here: (//	lttach additional sh	ueets, if necessary.)	
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Effective date if other than	the date of filing	3/17/2021		(antional)	
Effective date, if other than (If an effective date is listed, the date Note: If the date inserted in the document's effective date on the control of the co	ais block does not m	eet the applicable	te of filing or more than statutory filing requi	n 90 days after filing.) P irements, this date wi	ursuant to 605.0207 (3 If not be listed as th
he record specifies a delayed eff ord is filed.	ective date, but not	an effective time,	at 12:01 a.m. on the	earlier of: (b) The S	
NA NY 72		2021			
Dated MAY 7	,	2021			
_C470B	eTh Me Signature of a r	nember or authorized	I representative of a me	ember	
ELIZABETH MEI	SFR				(n)
	<u> </u>	Typed or printed na	me of signee		

Filing Fee: \$25.00