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COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	ECT: Monica Schmidt, UC	
SODJE	Name of Limited Liability Company	
The end	closed Articles of Amendment and fee(s) are submitted for filing.	
Please :	return all correspondence concerning this matter to the following:	
	MONICA SCHMIDE	
	Munica Schmidt, LLC	
	3431 NE 30th AVENUE	
	Lighthouse Point, FL 33064.	
	· · · · · · · · · · · · · · · · · · ·	
	MUNICASCHMIAT, VEMAXE JANOO. COME-mail address: (to be used for future annual report publication)	
For fur	ther information concerning this matter, please call:	
	Monica Schmidt au 561, 789-8080	
	Name of Person Area Code Daytime Telephone Number	
Enclose	ed is a check for the following amount:	\bigcirc
⊠ \$25	5.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee \& \Bigcup \\$55.00 Filing Fee \& \Bigcup \\$60.00 Filing Fee \\$60.00 Filing Fee \& \Bigcup \\$60.00 Filing Fee \\$60.00 Filing Fee \\$60.00 Filing Fee \\$60.00 Filing Fee \\$60.0	Status &
	Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303	ر. بي ٥٦

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Monica	Schmidt, LLC					
(Name of the Limited	Liability Company as it now appears on our records.) Velorida Limited Liability Company)					
The Articles of Organization for this Limited Lial Florida document number	bility Company were filed on April 5, 2021 and assigned 57276					
This amendment is submitted to amend the follow	ving:					
A. If amending name, enter the new name of t	the limited liability company here:					
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."					
Enter new principal offices address, if applical	ble:					
(Principal office address MUST BE A STREET	ADDRESS)					
	. <u> </u>					
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE B	OX)					
muning duaress man be at tool of the b						
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:	Monica Schmidt 3431 NE 30th Avenue					
New Registered Office Address:						
	Enter Florida street address					
	Lighthouse Point Florida 20064					
New Registered Agent's Signature, if changing Re	Lighthouse Point Florida 33064 City Zip Code (1) gistered Agent:					
provisions of all statutes relative to the proper accept the obligations of my position as registe	agent and agree to act in this capacity. I further agree to comply with the and complete performance of my duties, and I am familiar with and ered agent as provided for in Chapter 605, F.S. Or, if this document is gistered 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
MAR	monica schmidt	3431 NE 30m Ave, Lyhthouse FL 33064	Pon-l PAdd
			□Remove
			□Change
			□Add
			□Remove
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Effective date, if other than the date of filing:	0207
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste document's effective date on the Department of State's records.	ed as
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after rd is filed.	the
Dated April 22 2021.	7
Signature of a member or authorized representative of a member	
Monica Schmidt Typed or printed name of signee	

Filing Fee: \$25.00