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COVER LETTER

то:	Registration Sec Division of Cor			
SUBJI	• ECT:	MLT Name of Limit	HuB LLC ed Liability Company	
The en	BIECT: MUT HUB LLC Name of Limited Liability Company e enclosed Articles of Amendment and fee(s) are submitted for filing. asse return all correspondence concerning this matter to the following: MAKS IN 2 AS LAUSK. Y Name of Person MLT HUB LLC FIRM Company 138.05 V. A DO NA Address Duly A Beach FL 33 446 City/Nate and Zip Code HE HAD SEE COLOMBE Further information concerning this matter, please call: MAK SIN 2 AS LAUSK. Y at (305) 70.7 9.985 Area Code Daytime Telephone Number Stosed is a check for the following amount: 1825.00 Filing Fee Certificate of Status Certified Copy Certificate of Status & Certified Copy Certificate of Status & Certified Copy Certificate of Status			
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		MAKSI	Name of Person	Sk.y
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For fur	ther information ec	·	•	жион)
M	AKSIM Name of	Person Pascawk,	Area Code Daytime	985 Telephone Number
Enclos	ed is a check for the	e following amount:		,
□ \$2	5.00 Filing Fee	-	-	-

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 Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L2100021378</u> 8	were filed on Mar 7, 2021 and assigned
This amendment is submitted to amend the following:	new name of the limited liability company here:
A. If amending name, enter the new name of the limited liab	LLC
The new name must be distinguishable and contain the words "Limited Liabi 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)	SAMIZ
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	N 1 ⁻²¹
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	
	, Florida

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
MGR	ANASTASIA Cherkass	15805 Vin Mading	DAdd
	Cherk#ES	15805 Vin Mading Delay Beach FL 33446	□Remove
		33446	□Change
			□Add
			□Remove
			□Change
			🗆 Add
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			□Remove
			Change

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li'an ei <u>Note:</u>	Five date, if other than the date of filing: 12 20 23 (optional)
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	12/10/2023
	Dort TartenSli
	Signature of a member of authorized repredentative of a member

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Filing Fee: \$25.00