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COVER LETTER

TO: Registration S Division of Co			
SUBJECT: M	Cays For VC	mited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.	
Please return all corresp	ondence concerning this matter	r to the following:	
	Micsha	Name of Person	
-		Firm/Company	
	JJJ MAIN	rndy Rlvd #5	2) <u>X</u>
	Jakanyille, T	City/State and Zip Code	
	TCVV CV - ME-mail address:	SYM (12 KH 00 CC) (to be used for future annual report not)	Jication)
For further information c	oncerning this matter, please c	all:	
MICSON. Name o	f Person	at <u>HOU</u>) <u>533 5</u> Area Code Daytim	E Telephone Number
Enclosed is a check for the	ne following amount:		
S \$25.00 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 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 Limi	ted Liability Compa (A Florida Limited	any as it now appears on of Liability Company)	our records.)		
The Articles of Organization for this Limited L	iability Company	were filed on MCU	414,2021	_ and as:	signed
This amendment is submitted to amend the foll	owing:				
A. If amending name, enter the new name o	f the limited liab	ility company here:			
The new name must be distinguishable and contain the v	ords "Limited Liabil	lity Company," the designa	tion "LLC" or the abbre	via lio n "I.	L.C."
Enter new principal offices address, if applic		•	• 	MAY	• ÷
(Principal office address MUST BE A STREET ADDRESS)				25	· · · · · · · · · · · · · · · · · · ·
	<u></u>			PH 3: 2	
Enter new mailing address, if applicable:			<u> </u>	ائ 	 .
(Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or ragent and/or the new registered office addres	egistered office a	address on our record	s, <u>enter the name o</u>	of the nev	v registered
Name of New Registered Agent:	10/60	he ma	=5		
New Registered Office Address:	7771	LOYMANDU Enter Florida str	BVC ##	and-	#D18
	Jacker	JUI 16	Florida <u>. 3</u>	Zip Code	<u> </u>
New Registered Agent's Signature, if changing F	legistered Agent:				
I hereby accept the appointment as registered provisions of all statutes relative to the properticept the obligations of my position as registering filed to merely reflect a change in the recompany has been notified in writing of this designance.	r and complete _l stered agent as p registered office (performance of my d rovided for in Chant	uties, and Lam fam er 605 FS Or if i	iliar witi his docu	h and ment is

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 **Name** Address Type of Action repripas 777 Normandy RIVO HSM DAGO LKKMVilk Fl Kremove Mrs Micena Ing TO Normary BIN/#PIR EXAGO DCCSMVILLO PRemove □Change Change _ □Add _____ Change

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te: If the date inse	ner than the date of the date must be spe rted in this block doo date on the Departme	ertic and cannot be p es not meet the ap	offor to date of filing oplicable statutory	or more than 90 day	(optional) s after filing.) Pu s, this date wil	rsuant to 605.020 I not be listed a
cord specifies a de s filed.	layed effective date,	but ποι an effecti	ve time, at 12:01 a	.m. on the earlier	of: (b) The 90	Oth day after the
ed <u>May</u>	More	202 Jones	authorized represent			
	~1011×111	The UL SERVING COLUMN SEVEN		3111		