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(Red	uestor's Name)	
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PICK-UP	WAIT	MAIL
(Bus	iness Entity Na	me)
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Certified Copies	Certificate	s of Status
Special Instructions to F	iling Officer:	
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	<u>UMI</u>	

Office Use Only



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COVER LETTER

Division of Cor			
UBJECT: Tara	x M Fische	x UC	
	Name of Lim	ited Liability Company	
enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
return all correspo	ondence concerning this matter	to the following:	
	Tava Fis	Name of Person	
	Tava M	Firm/Company	
	12720	lictudes Street Address	
	Coral Gables Tara Lisch 32 E-mail address: (City/State and Zip Code Low Quail . Com to be used for future annual report not	
further information c	oncerning this matter, please ca	·	
Tava Fisc	f Person	at (305_) 984 -	8209 ne Telephone Number
ed is a check for the	ne following amount:		
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 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

Java M Fischer 1	LC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our recordability Company)	rds.)	
ne Articles of Organization for this Limited Liability Company lorida document number <u>L21000229</u> [6]	were filed on $05 17$	2021 and assigned	
las amendment is submitted to amend the following:			
If amending name, enter the new name of the limited liabi Mind Ralance Bythia	try UC		
new name must be distinguishable and contain the words "Limited Liability of the contain the conta	,		
enew principal offices address, if applicable:	12720 Vivtudes	s Street	
cipal office address MUST BE A STREET ADDRESS)	Coral Gables f	-1 33156	
		75 B	
new mailing address, if applicable:		To The state of th	
oling address MAY BE A POST OFFICE BOX)		777	
.s. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>ente</u>	r the name of the new registered	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street addr	ess	
	, Florida		
	City	Zip Code	
Registered Agent's Signature, if changing Registered Agent:			

tions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is tiled to merely reflect a change in the registered office address, I hereby confirm that the limited liability

by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the

any 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:

!GR = Manager | MBR = Authorized Member

1 <u>e</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			🗀 Add
			□Remove
			□Change
			□Remove
			□Change
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		•-	
			□Remove
			Dadd
			Remove
			□Change

crive date, if other than the date of filing: (optional) (ictive date, if other than the date of filing: (if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records. (if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records. (in the date inserted in this date will not an effective time, at 12.01 a.m. on the earlier of: (b) The 90th day after the filed.			
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Signature of a member or authorized representative of a member	u <u>03</u>	106 201A.	
Jaro God (Signature of almember or authorized representative of a member	
1.0.00 17.10.01			

Filing Fee: \$25.00