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COVER LETTER

Division of Corporations	
SUBJECT: Mighty Mouth Chronicles, LLC Name of Limited Liability Company	•
Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Michele Davis Name of Person	
Mighty Mouth Chronicles LLC Firm/Company	_
5912 COVE Drive	_
Belle Isle, FL 32812 City/State and Zip Code	_
Belle Isle, FL 32812 City/State and Zip Code Mmchronicles/1@9mail.com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Michele Davis Name of Person at (407) Area Code Daytime Telephone Numb	
Name of Person Area Code Daytime Telephone Numb	cr
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certifie	ate of Status &

Mailing Address:

TO:

Registration Section

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

Mighty Mouth Chronicles, LLC

(Name of the Limited	Liability Company as it now appears on our records.) Florida Limited Liability Company)		
The Articles of Organization for this Limited Liab Florida document number	oility Company were filed on July 1, 2021	and assi	gned
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of the	he limited liability company here:	2022 MA	4 780 kg
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or the abbi	reviation f L.L	.
Enter new principal offices address, if applicab	ole:	2 _	200 200 200
(Principal office address MUST BE A STREET.	ADDRESS)	10 1	7.4. 1.4. 2.4.
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>		
agent and/or the new registered office address			
New Registered Office Address:	Ward H. Davis 5912 Cove Drive Enter Florida street address Belle Isle , Florida City		
	Belle Isle , Florida	Say 1 2 Zip Code	

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.

Nal

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>	Name	Address	Type of Action
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ive date, if other than the date of filing: June 14, 2022 (excive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days. If the date inserted in this block does not meet the applicable statutory filing requirements ment's effective date on the Department of State's records.	s after filing.) Pursuant to 60	
rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of led.	of: (b) The 90th day aft	er the
MICHEL Davis Signature of a member or authorized representative of a member		
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