9/27/23 5:07 PM

Division of Corporations

## Floreda Department of State A Division of Corporations Electronic Filing Corporation

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : MGROUP TAX ADVISOR PLLC

Account Number : I20220000122 Phone : (386)334-2975

Fax Number : (386)243-2345

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: PETER C MGRONPADVISOR, WM



## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AFTER YOU LLC

Certificate of Status	1
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Electronic Filing Menu

Corporate Filing Menu

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## **COVER LETTER**

	gistration Sec ision of Corp			
	AFTER YO			
SUBJECT:		Name of Limit	ted Liability Company	
The enclosed	d Articles of a	Amendment and fee(s) are sub-	nitted for filing.	
Please return	n all correspon	ndence concerning this matter t	to the following:	
		PETER MICELI		
			Name of Person	
		MGROUPTAXADVISOR	PLLC	
			Firm/Company	
		1742 S WOODLAND BEV	/D. SUITE 609	
			Address	
		DELAND, FL 32720		
			City/State and Zip Code	
		PETER@MGROUPADVIS		
For further	information c	E-mail address: (i oncerning this matter, please ca	to be used for future annual report noti all.	ne <sub>t</sub> mon)
PETER MI			386 334-2975	
	Name o	r Person	at () Area Code Daytin	ne Telephone Number
Enclosed is	a check for t	he following amount:		
□ \$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

AFTER YOU LLC

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

New Registered Office Address:	NEW SMYRN	,,	reel oddress , Florida 321	68
New Registered Office Address:		Enter Florida st	rees address	
	4580 Colony Road  Enter Florida street address			
	4580 Colony F	lcad		
Name of New Registered Agent:	JILL J BEATT	Υ	·	
If amending the registered agent and/or ent and/or the new registered office addr	registered office ess bere:	address on our recore	is, <u>enter the name</u>	e of the new regi
ailing address MAY BE A POST OFFICE	<u>. BOX)</u>		<del></del>	=======================================
ter new mailing address, if applicable:		NEW SMYRNA BEA	ACH, FL 32170	
		PO BOX 490		 
incipal office address MUST BE A STRE	21 ADDRESS			
		NEW SMYRNA BEA	ACH, FL 32168	
ter new principal offices address, if appli		316 LEONI STREET		
new name must be distinguishable and contain the	words "Limited Liahi	tity Company." the designa	tion "LLC" or the abb	reviation "L.L.C."
If amending name, enter the new name (	of the limited liab	ility company here:		
s amendment is submitted to amend the fol	owing:			
rida document number L21000353068	·			
: Articles of Organization for this Limited L	iability Company	were filed on		and assisting
e Articles of Organization for this Limited Lorida document number L21000353068	iability Company	were filed on <u>08/05/20</u>	21	and assign

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 Wew 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
AMBR	JERRY S. JOHNSON, SR.	316 LEONI STREET	<b>=</b> Add
		NEW SMYRNA BEACH, FL 32168	□Remove
			☐Change
AMBR	CHANTEL LOWEN	3545 LEGACY HILLS CT	□Add
		LONGWOOD, FL 32779	
			⊕Change
<del></del>			
			Remove
			[]Change
			□Add
			□Remove
			□Change
			□Add
			Change
			DAdd
			□Remove
	11 12 000 7	40468 3	

Effective date, if other than the date of filing:  (aptional)  If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. Pursuant to 695.  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.  The effective date and delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after rid is filed.  Dated  Signature of a member of auditorized representative of a member.		
Effective date, if other than the date of filing:  (optional)  fan effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.  The 90th day after discrete.  Sharmbook 21  223  Line 15. The 90th day after discrete.		
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Signature of a member or authorized representative of a member	J. J. C.	
	Signarare of a member of authorized representative of a member	

H 23 000 340 458 3

Filing Fee: \$25.00