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SECRETARY OF STATE

COVER LETTER

Registration Section Division of Corporations

TO:

	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	MARTHA KUYLENSTIE	RNA		
	_	Name of Person		
	M=ESS, LLC			
		Firm/Company		
	7330 MINDELLO STREE	T		
		Address		
	CORAL GABLES, FL 3:	3143		
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·	
	M.KUYLENSTIERNA@G	MAILC.OM		
	E-mail address: (to be used for future annual report not	ification)	
for further information c	oncerning this matter, please c	all:		
MARTHA KUYLENST	IERNA	305 218-6879		
Name o	f Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	ne 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 Addres		Street Address:	ution	
Registration Section Division of Corporations		Registration Se Division of Co		
P.O. Box 6327			The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monro	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

M=ESS, LLC			
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) nited Liability Company)		
The Articles of Organization for this Limited Liability Comp Florida document number L21000378406	pany were filed on AUGUST 23, 2021	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company here:		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the	abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES.	<u>s) </u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	A.E.	2021 OCT -1	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, <u>enter the na</u>	med the new registered	
Name of New Registered Agent:		<u> </u>	
New Registered Office Address:	Enter Florida street address		
	, Florida		
	Fiorida _	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.

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
AMBR	SUSAN LOPEZ - DE PALMA	355 REDWOOD LANE	□Add
		KEY BISCAYNE, FL. 33149	Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
		-	□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□ Remove

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	<u></u>
(If an e <u>Note</u>	tive date, if other than the date of filing:
	ccord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier on each day after the record is filed.
Dated	SEP. 30, 2021.
	Signature of a member or authorized representative of a member
	Signature of a memoer or authorized representative of a memoer
	MARTHA KUYLENSTIERNA