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FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DR TALLAHASSEE, FL 32309

EXAMINER'S INITIALS:

(850) 491-9625 Brandon (850) 524-5437 Teresa (850) 524-6243 Rich

Please use funds from account: 120210000160: \$25.00 Authorization Signature:_ 1111 MH CONSULTING LLC **Business Name: Document #** L21000386560 Certified Copy Certificate of Status **NEW FILINGS** & **AMENDMENTS** X Amendment **Profit Corp** Not for Profit Resignation / Dissociation Change of Registered Agent Limited Liability ___Domestication Revocation of Dissolution LLLP Merger Corp **Articles of Conversion** Amended & Restated Articles of Incorporation Inc Statement of Authority Other APOSTILLE(s) & **OTHER FILINGS** Apostille(s) Foreign Filing Reinstatement Qualification Country(s) Fictitious Name

Annual Report

COVER LETTER

(additional copy is enclosed) Certified Copy	TO:	Registration Se Division of Cor			•
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: Benjamin Zaoui	SHR IF	TT:	CONSULTING LLC		
Please return all correspondence concerning this matter to the following: Benjamin Zaoui	201915	C1	Name of Lim	ited Liability Company	
Benjamin Zaoui Name of Person				-	
FLOMIA62 LLC Firm/Company 1025 SE 5th Street Address HIALEAH, FL 33010 City/State and Zip Code benjamin@flomia62.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Benjamin Zaoui 305 481-5445 at (i icase i	ettan an correspo	-	to the kinowing.	
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Enclosed is a check for the following amount: Second Filing Fee \$30.00 Filing Fee & Certificate of Status (additional copy is enclosed) City/State and Zip Code			1025 SE 5th Street		
City/State and Zip Code benjamin@flomia62.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Benjamin Zaoui Same of Person Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$\Bell\$ \$25.00 \text{ Filing Fee} \Begin{array} \$				Address	
benjamin@flomia62.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Benjamin Zaoui 305 Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$\Bell\$ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy			HIALEAH, FL 33010		
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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

FILED

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(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) TALLAHASSEE, FLORIDA The Articles of Organization for this Limited Liability Company were filed on $\frac{08/30/2021}{}$ and assigned Florida document number 1.21000386560 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." 1025 SE 5th Street Enter new principal offices address, if applicable: HIALEAH, FL 33010 (Principal office address MUST BE A STREET ADDRESS) 1025 SE 5th Street Enter new mailing address, if applicable: HIALEAH, FL 33010 (Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered agent and/or the new registered office address here</u>:

New Registered Agent's Signature, if changing Registered Agent:

1111 MH CONSULTING LLC

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
MGR	HERING, MARIA	1025 SE 5th Street	□Add
		HIALEAH, FL 33010	□Remove
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<u> </u>	Signature of a	member or author	orized represent	ntive of a member				

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