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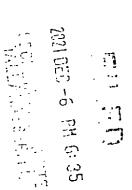
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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## **COVER LETTER**

TO:	Registration So Division of Cor			
eun ir		FTING SERVICES LLC		
SUBJE	ul: <u></u>	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub		
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		MAX LLEWELLYN		
			Name of Person	
		MLL DRAFTING SERVI	CES LLC	
			Firm/Company	
		8527 OLD COUNTRY MA	ANOR Apt. 506	
			Address	
		DAVIE , FLORIDA 33328		
		maxlyn501@gmail.com	City/State and Zip Code	
For furth	ner information o	E-mail address: (concerning this matter, please or	to be used for future annual report notiful:	CS COLL DEC
MAX L	LEWELLYN		754 234-4602 at ( )	\$\frac{1}{2} \cdot \frac{1}{6}
_	Name (	of Person		e Telephone Number
Enclosed	d is a check for t	he following amount:		
<b>\$2</b> 5	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addre		Street Address:	Nion

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

MUL DRAFTING SERVICES LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v	vere filed on October 21, 2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	<u> </u>	
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	N/A	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	N/A	
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	idress on our records, enter the na	me of the new registere
Name of New Registered Agent:	N/A	1000-6
New Registered Office Address:	Enter Florida street address	2 3
	, Florida :	, <u></u> 9
	City	🧠 . Zip Çöçle

## 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 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
OWNER AMER	MAX LLEWELLYN	8527 OLD COUNTRY MANOR APT. 506 DAY	/IE, FI <b>■</b> Add
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			□Remove
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ctive date, if other than the date of filing:	(optional)
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 605.02
21 If the date inserted in this block does not meet the applicable statutory iment's effective date on the Department of State's records.	riting requirements, this date will not be listed
ord specifies a delayed effective date, but not an effective time, at 12:01 a	i.m. on the earlier of: (b) The 90th day after the
filed.	
11 11 11 11 11 11 11 11 11 11 11 11 11	
d November 12 2021  Signature of a member or authorized representation	

Filing Fee: \$25.00

Typed or printed name of signee