

(((H22000045737 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MYLLC.COM, INC. Account Number : 120130000077 Phone : (888)886-9552 Fax Number : (888)776-9552

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MULATTE JUDE PATHS LLC

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Helpf: LEMIEUX FEB 0 4 2022

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mulatte Jude Paths LLC		
(Name of the Limited Linbility Common as (A Florida Limited Li	t now enners on our records.)	
The Articles of Organization for this Limited Liability Company were	filed on 11/08/2021	and assigned
Florida document number L21000480780		
This amendment is submitted to amend the following:		
A. If amonding name, enter the new name of the limited liability of	ompany here:	
The new name must be distinguishable and contain the words "Limited Liability Co	mpany," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office addressent and/or the new registered office address here:	ss on our records, enter the na	
AKAN BRADI III HEW TEXISTEES STREET BUTTES.		22
Name of New Registered Agent:		·
New Registered Office Address:		
The Isofitiga Authorities.	Enter Florida street address	, 1
	, Florida	-: -
	Clty	Zip Code
New Registered Agent's Signature, if changing Registered Agent;		· 3
I hereby accept the appointment as registered agent and agree to	act in this capacity. I further o	ngree to comply with the

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

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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

Title	<u>Name</u>	Address	Type of Action
MGR	Merlin Viton Camacho	1730 King Arthur Ct Kissimmee, FL 34744	□Add
			🗆 Remove
			Change
			□Add
			□ Remove
			□Change
			DAdd
			□Remove
		□Change	
			□Remove
			Change
			🗆 Add
			□ Remove
			□ Change
			[]Add
			□Remove
			DChange

D. lfan	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Note	ctive date, if other than the date of filing: (optional) (focular 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 605.0207 (3)(b) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
f the reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Date	November 19, 2021
	Signature of a mentics or nuthorized representative of a member
	Merlin Viton Camacho
	Typed or printed name of signee

Filing Fee: \$25.00