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| (Re | equestors Name) | |
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| (Ac | Idress) | |
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| (Ci | ty/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | ısiness Entity Naı | me) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificate | s of Status |
| Special Instructions to | Filing Officer: | |
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Y. SCOTT MAR - 1 2022

| TO: Registration Section Division of Corporations | |
|--|--|
| SUBJECT: MST J | Name of Limited Liability Company |
| The enclosed Articles of Amendment of | and fee(s) are submitted for filing. |
| Please return all correspondence conce | rning this matter to the following: |
| Mi | nelle-Morgan-Traille Name or Person |
| | Firm/Company |
| <u> 261</u> | Firm/Company Gladiola Rd Address Address |
| Pal MM | Address M by FL, 3390 City/State and Zip Code Organization E-myll address: (to be used for future adnual report notification) |
| For further information concerning this | matter, please call: |
| Michelle - Mury Name of Person | Area Code Daytime Telephone Number |
| Enclosed is a check for the following a | mount: |
| | Filing Fee & DE\$55.00 Filing Fee & DE\$60.00 Filing Fee, cate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) |
| Mailing Address: A 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

| | MIAI Served Liability Company as It now (A Florida Limited Liability Com | | | |
|---|--|--|---------------------|---------------|
| The Articles of Organization for this Limited Li Florida document number 121000 | | | and assigned | |
| This amendment is submitted to amend the follo | wing: | | | |
| A. If amending name, enter the new name of | the limited liability comp | any here: | | |
| The new name must be distinguishable and contain the we | · | "the designation "L.C. or the ab | breviation "L.L.C." | |
| Enter new principal offices address, if applicable: | | : 1 | | |
| (Principal office address MUST BE A STREE) | <u> ADDRESSI</u> | | EB | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I | BOX) | 5.5 5.5 5.5 5.5 5.5 5.5 5.5 5.5 5.5 5.5 | 5 6 F | . |
| B. If amending the registered agent and/or reagent and/or the new registered office address | gistered office address on s here: | our records, <u>enter the name</u> | e of the new regi | stered |
| Name of New Registered Agent: New Registered Office Address: | Michelle 256 gladio | Morgan-I | raille | <u>:</u> Ambr |
| | Palm bay | ter Florida street address, Florida P | L 3290 Zip Code | <u> </u> |

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

Title Name Type of Action Michelle Morgan - 256 gladiol A Raw Traille Shane Traile 256 Gladiula Rel NEDAdd
Palm Bay Fl 3290 Fremove ☐ Change □ Remove □Add Remove Change □Add ☐ Remove ☐ Change

| Remaie = ? | Shane | Trail | و | | - |
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| | | | | EB 16 FM 3: 10 | |
| | | 2/13/20 | 82 | | |
| Fective date, if other than the date of entering the date is listed, the date must be ote: If the date inserted in this block occument's effective date on the Department. | specific and cannot be p does not meet the app tment of State's recon | rior to date of filing or molicable statutory filing | (option one than 90 days after figure requirements, this of | ling.) Pursumt to 6 date will not be li | isted as the |
| record specifies a delayed effective date is filed. | te, but not an effectiv | e time, at 12:01 a.m. o | on the earlier of: (b) | The 90th day af | ter the |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Filing Fee: \$25.00