421000515269

(Requestor's Name)				
(Ac	Idress)			
(Ac	Idress)			
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Do	cument Number)			
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SECRETARY OF STATE
TAUDAMASSEE, FLORID.

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COVER LETTER

TO:

Registration Section

Div	ision of Corp	porations		•			
	MRCMIA						
SUBJECT:		Name of Limi	ited Liability Com	ipany			
The enclosed	Articles of a	Amendment and fee(s) are sub	mitted for filing.				
Please return	all correspo	ndence concerning this matter	to the following:	:			
		David Alter					
			Name of Po	erson			783
		MRCMIA LLC					2022 AUG -9 SECRETAR TALLAMASS
			Firm/Com	pany			. ASS. 4-9
		2040 Dewey St					
		<u> </u>	Addres	SS			2: 49 STATE -1 CRID
		Hollywood, FL 33020					
			City/State and	Zip Code			.
		david@mrcmia.com		· 		···-	
		E-mail address: (to be used for futu	ire annual re	port notifica	tion)	
For further i	nformation c	oncerning this matter, please ca	all:				
David Alter			786 at (3955)	5792		
	Name o	f Person	Area (Code	Daytime To	elephone Numbe	r
Enclosed is	a check for th	ne following amount:					
€ \$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Fi Certified (additional			Certified	ite of Status &
Re Di P.0	gistration S vision of C D. Box 632 Ilahassee, I	Section Corporations 27		Division The Cen 2415 N.	tion Section of Corpo tre of Tall	rations lahassee Street, Suite 8	3 10

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability (A Florida Li	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Conforida document number 1.21000515269	npany were filed on 12/06/2021	and assigned
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limite	d liability company here:	
he new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or	r the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		37.6 23
Principal office address MUST BE A STREET ADDRE.	<u> </u>	
		7 AUS - 9
The address if and backles		
nter new mailing address, if applicable:	<u></u>	22 N
Mailing address MAY BE A POST OFFICE BOX)		2 to
3. If amending the registered agent and/or registered of gent and/or the new registered office address here:	office address on our records, <u>enter th</u>	e name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	
	City	Zip Code

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

MDCMIATEC

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
MGR	David Alter	2040 Dewy St, Hollywood, FL 33020	\equiv Add
			□Remove
			□Change
			□Add
			□Remove
			☐Change
			Add ALCAL ASSES ALCAL ASS
			CA GAdd
			Remove
			□Change
			□Remove
			□Change
			□ Add
			□Remove
			□ Change

D. If amending any ot	her information, en	nter change(s) here	: (Attach addition	al sheets, if necess	ary.)	

•••••						
						
						2 <u>17</u> 22
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					≅≕.	5: 4
 						
						
	her than the date of ed, the date must be specerted in this block does date on the Departme	ific and cannot be prior to s not meet the applica			ing.) Pursuant t	
f the record specifies a de ecord is filed.	layed effective date, b	out not an effective tir	ne, at 12:01 a.m. or	the earlier of: (b)	The 90th day	after the
Dated August 3		2022				
	to the total			9:21		_
4	Signatur	re of a member or autho	rized representative o	Fa member KIIter		
/-	- xuna//	Typed or printe	d name of signee	(1110)		_