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Office Use Only



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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

MADA LAV, LLC		··		
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				Art of Inc. File
· · · · · · · · · · · · · · · · · · ·				LTD Partnership File
				Foreign Corp. File
				L.C. File
		:		Fictitious Name File
				Trade/Service Mark
				Merger File
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				RA Resignation
		!		Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
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				Certificate of Good Standing
				Certificate of Status
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

MADA LAV, LLC

(Name of the Limited Liability Company as it now appears on our records.)

2022 HOV 14 PM 12: 07

(A Florid	da Limited Liability Company)	TALLAHASSEE, FE
The Articles of Organization for this Limited Liability	Company were filed on 12/15/2021	and assigned
Florida document number 1.21000526425	 ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	ORESS)	
	-	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		rida
	City	Zip Code

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	ADAM FOX	8096 CANOPY TERRACE	□Add
		PARKLAND, FL 33076	≣Remove
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