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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MONAHAN-MIJARES CPA, Inc

Account Number : 120050000157 Phone : (385)407-1438

Fax Number : (305)397-1003

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

C-a-d	1	Address:
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MBHR INNOVATIONS LLC

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SEP - 4 2024

## **COVER LETTER**

TO: Registration S Division of Co			
	MOVATIONS LLC		
SUBJECT:	Name of Lis	mited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
	Roark Ronald Monahan,	CPA	
		Name of Person	
	MONAHAN-MIJARES (	CPA, PA	
		Firm/Company	
	75 Valencia Ave Suite 70	3	
		Address	
	Corat Gables, Florida		
		City/State and Zip Code	<del></del>
	elismor.eastillo@monahan		
For further information c	n-mail address: concerning this matter, please c	to be used for future annual report not all:	ilication)
Roark Ronald Monahan		305 407-1440 at () Area Code Daytin	
Name o	f Person	Area Code Daytin	ne Felephone Number
Enclosed is a check for t	ne following amount:		
■ \$25.00 Filing Fee	2) \$30.00 Filing Fee & Certificate of Status	S\$5.00 Filing Fee & Certified Copy (additional copy is unclused)	☐ \$60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration 5		Street Address:	arian
Division of C		Registration Sec Division of Cor	
P.O. Box 632	7	The Centre of I	allahassee
Tallahussee, I	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

MBHR INNOVATIONS LLC					
(Name of the Limited Liabilia (A Florida	y Company as it Limited Liability	now appears on e Company)	our records.)	···	
The Articles of Organization for this Limited Liability Co Florida document number L22000013081	ompany were fi 	iled on <u>01-05/2</u>	022	and assign	ied
This amendment is submitted to amend the following:	reduced a submitted to amend the following:  reducing name, enter the new name of the limited liability company here:  me must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  reprincipal offices address, if applicable:  office address MUST BE A STREET ADDRESS)  mailing address, if applicable:  didress MAY BE A POST OFFICE BOX)  mailing address, if applicable:  office address on our records, enter the name of the new registered for the new registered office address here:  or the new registered Agent:  few Registered Office Address:  Enter Flavida street address  Enter Flavida street address  City Zap Code  ered Agent's Signature, if changing Registered Agent:				
A. If amending name, enter the new name of the limit					
The new name must be distinguishable and contain the words "Limit	ted Liability Comp	pany," the designa	ntion "LLC" or the	abbreviation "L.L.C	
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRI	<u>ESS)</u>				
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F					
	· · · · · · · · · · · · · · · · · · ·	<del></del>		· · · · · · · · · · · · · · · · · · ·	
(Mailing address MAY BE A POST OFFICE BON)				20	
R. If amending the registered ment and/or registered	attion address	on our rooted	ic antar the nav	na of the new re	
agent and/or the new registered office address here:	omer address	on our record	is, enter the har	•	;=
				<u> </u>	7
Name of New Registered Agent:				10	<u>こ</u>
New theorem addition and				Ċ.	
New Registered Office Address:		Enter Florida str	cet address		
			IN I		
	Спу	<del></del>	Fiorida	Zip Code	
New Registered Agent's Signature, if changing Registered	Agent:				
I hereby accept the appointment as registered agent are provisions of all statutes relative to the proper and consecutive the obligations of my position as registered agenting filed to merely reflect a change in the registered company has been notified in writing of this change.	nd agree to ac mplete perforn int as providec	nance of my di Ufor in Chapte	uties, and Lam er 605, F.S. Or	familiar with a , if this docume	nd

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>	Name	Address	Type of Action
MGR	MONAHAN, CHRISTIAN	75 VALENCIA AVE SUITE 703	⊒Add
		CORAL GABLES, FL 33134	
			TChange
		-7	□Add
			□Remove
			🖾 Change
		IAdd	
			□Remove
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Effactio	on data if other than the date of filing.
Note:	re date, if other than the date of filing:
record d is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after third.
Dated _	aly 18 2024
_	$\mathcal{M}$
	Signature of a member or authorized representative of a member

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Typed or printed name of signee