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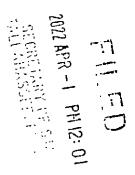
	(Requestor's Name)	
	(Requestors Name)	
	(Address)	
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	(City/State/Zip/Phone #)	
PICK-U	P WAIT	MAIL
	(Business Entity Name)	
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of S	Status
		
Special Instructions	s to Filing Officer:	
	J. HORNE	
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	APR - 1 2022	

Office Use Only



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COVER LETTER

Division of Corp			
	AA< 1:- ///	_	
SUBJECT:	MS Line LLC Name of Lim	ited Liability Company	<u>,</u>
The enclosed Articles of A	mendment and fec(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Mo	rgaget Sbarra Name of Person	
		Name of Person	
		MSLine LCC Firm/Company	
	901	S Surf rd Ap 207	
	How	ywood, FL, 33019	
	,	City/State and Zip Code	
	B-mail address:	City/State and Zip Code 14 _ 206 GHotzmail.com 15 be used for future annual report not	(fication)
For further information co	ncerning this matter, please c		,
Margaret	Sborca	at (<u>786</u>) <u>380</u> Area Code Daytin	7508
Name of	Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	following amount:		
S≥ \$25.00 Filing Fee S≥ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration So		<u>Street Address:</u> Registration Se	ction
Division of Co		Division of Co	
P.O. Box 6327	, *	The Centre of	Γallahassee
Tallahassee, F	L 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limit	ed Liability Company as it now appears of (A Florida Limited Liability Company)	n our records.)	
The Articles of Organization for this Limited Li Florida document number <u>L22000197</u> This amendment is submitted to amend the follow. A. If amending name, enter the new name of	ability Company were filed on		2022 APR -1 PH12: 02
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the desi	gnation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applications	able:		
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)		
B. If amending the registered agent and/or ragent and/or the new registered office address		ords, <u>enter the nan</u>	ne of the new registered
Name of New Registered Agent:	Margaret	Sbayra	
New Registered Office Address:	901 S Surf rd	Apt 207	
	Hollywood	, Florida	33019
	O 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>	Address	Type of Action
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
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an ef lote:	ive date, if other than the date of filing:
ocun	nent's effective date on the Department of State's records.
recor Lis fi	d 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 led.
، ب	3/12/2022
ated	3/17-/2022
	AH->
	Signature of a member or authorized representative of a member