L22000033026

(Reque	stor's Name)	
(Addres	ss)	<u> </u>
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(City/Si	ate/Zip/Phone	#)
PICK-UP	WAIT	MAIL
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(Docun	nent Number)	
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6/13/22		Rec. 4/20/22

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SECRETARY OF STATE TALLAHASSEE, FL

COVER LETTER

RECEIVED

TO: Registration Section **Division of Corporations** 2022 JUN 13 AM 9:39 The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Firm/Company For further information concerning this matter, please call: at (470) 753~991 Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$30.00 Filing Fee & ☐ \$25.00 Filing Fee □ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address:

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 FILED OF

MUUNTA AMTEST Liability Company as it now appears on our Expression Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on January 31, 2022 and assigned Florida document number L22000033026. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent:

Enter Florida street address

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

New Registered Office Address:

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.

City

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
		□Remove	
		□Change	
		□Remove	
			□Change
			Dadd
			□Remove
			□Change
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		Change	
		□Add	
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			□Change
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			□Remove
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). If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an eff Note:	ive date, if other than the date of filing:
the recor	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.
Dated	4/14/2022
	*
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Filing Fee: \$25.00