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COVER LETTER

Tallahassee, FL 32314

то:	Registration So Division of Cor			
SUBJE	M18, LLC			
SOBSE	C1.	Name of Lin	ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Andrew J Matella, MGR		
			Name of Person	
		M18, LLC		
			Firm/Company	
		4327 South Highway 27. S	Suite 607	
			Address	·
		Clermont, FL, 34711		
		11.6	City/State and Zip Code	*****
		andrew.matella@gmail.con E-mail address: (i to be used for future annual report no	titication)
For furth	ner information c	oncerning this matter, please c	·	
Andrew			850 321-4774	
	Name o	f Person	Area Code Daytii	ne Telephone Number
Enclosed	d is a check for th	ne following amount:		
■ \$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 Addres		Street Address:	
	Registration S Division of C		Registration Se Division of Co	
	P.O. Box 632		The Centre of	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILED

M18, LLC

2022 JUH 10 PM 2:09

(<u>Name of the Limited Liahi</u> (A Florid	ty Company as it now appears on our records.) (Limited Liability Company) TALL/HAMSEE, F
	01/24/2022
	ompany were filed on 01/24/2022 and assigned
lorida document number 1.22000042524	
this amendment is submitted to amend the following:	
a. If amending name, enter the new name of the lin	ited liability company here:
he new name must be distinguishable and contain the words "Lin	ited Liability Company," the designation "LLC" or the abbreviation "LLC."
inter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADD	(ESS)
Inter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
. If we will be also and a second and a second as a	1 65 11
i. It amending the registered agent and/or registere gent and/or the new registered office address here:	I office address on our records, <u>enter the name of the new regis</u>
Name of New Registered Agent:	
New Registered Office Address:	
-	Enter Florida street address
	, Florida
	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
MGR	Rebecca Matella	4327 South Highway 27, Suite 607	□ Add
		Clermont, FL, 34711	■Remove
			□Change
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Effective date, if other than the (If an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	be specific and cannot be prior to do ock does not meet the applicable	(optional) ate of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 statutory filing requirements, this date will not be listed as th
he record specifies a delayed effective ord is filed.	date, but not an effective time,	at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated June 4th	. 2022	
12	Signature of a member or authorize	d representative of a member
Andrew J. Matella, MGF	,	
- The state of the	Typed or printed na	ume of signer

Filing Fee: \$25.00