# L200086940

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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### **COVER LETTER**

rO: Registration Se Division of Cor			
SUBJECT:	Meyosha	lealty, UC	
ann.	J Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
lease return all correspo	ndence concerning this matter	to the following:	
	<u>Jason</u>	nine Hamilt	<u>an</u>
		Name of Person	
		Firm/Company	
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	•,	City/State and Zip Code)	
	F-mail address: (i	City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  City/State and Zip Code	ication)
For further information c	oncerning this matter, please ca		
\			-
Jasmi	ne Hamilton	ar(601) 880.	
Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a check for the	ne following amount:		
	_		- 200 00 PW P
\$1,\$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)
			(manifestation dopy to discussed)
		6	

#### 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 OF

The Articles of Organization for this Limited Liability Company were filed on Florida document number <u>U20000 86940</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ash a The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC 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:

#### 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 Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

Florida

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
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- ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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e 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 the ed.
Dated _	2)5
	Signature of a member or authorized representative of a member
	barrine Hamilton