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## **COVER LETTER**

TO: Registration S Division of Co			
MEYOSH SUBJECT:	A MANAGMENT, LLC		
30bJEC1	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Jasmine Hamilton		
		Name of Person	
		Firm/Company	
	3941 Trail Ridge Road		
		Address	
	Middleburg, FL 32068		
	-	City/State and Zip Code	
	meyoshamangagement@gr		
For further information c	encerning this matter, please c	to be used for future annual report no all:	dification)
Jasmine Hamilton		910 7457270 at ()	
Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is a check for the	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 Address:		Street Address:	
Registration Section Division of Corporations		Registration S Division of Co	
P.O. Box 632	-	The Centre of	
Tallahassee, I	FL 32314		oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Meyosha Managment, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 02/23/2022 and assigned Florida document number L22000086940 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Meyosha Management, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation." L.L.C." 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 Office Address: Enter Florida street address

## 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.

City

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
			□Add
			□Remove
			□Change
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			□Remove
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Effective date, if other the self-ective date is listed, the Note: If the date inserted document's effective date	e date must be specific in this block does no	and cannot be prior to of meet the applicat	o date of filing or more ble statutory filing r	(optional) than 90 days after filing equirements, this date	.) Pursuant to 605,0207
e record specifies a delayed of is filed.	d effective date, but r	not an effective tin	ne, at 12:01 a.m. on	the earlier of: (b) Th	ne 90th day after the
August 7 Dated		2024			
			 L-		
	Signature of	a member or author	ized representative of	a member	
	Signature of	a member of admor			

Filing Fee: \$25.00