U22 0000 87015

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COVER LETTER

TO:	Registration Sec Division of Corp					
	MS.T DID 1	ГНАТ				
SUBJE	CT:	Name of Limi	ted Liability Company			
The enc	losed Articles of A	Amendment and fee(s) are subi	nitted for filing.			
Please r	eturn all correspo	ndence concerning this matter	to the following:			
		TULANI SHKAIRAH				
			Name of Person			
			Firm/Company		₹ ,	
		7360 CURRY FORD RD #0393		2.7(A) \$	JAI-3 Faid: Sé	
			Address			- - -
		ORLANDO, FL 32822			<u>ئ</u>	J.T5 Fain: 56
		MSTDIDTHAT01@GMAI	City/State and Zip Code			
		E-mail address: (to be used for future annual report	notification)	=	ກ. ນ
For furt	her information c	oncerning this matter, please co	ail:			
TULA	NI SHAKIRAH		321 278-315 at ()	8		
	Name o	f Person	Area Code Da	ytime Telephone Number		
Enclose	ed is a check for th	ne following amount:				
□ \$2 :	5.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &	
	Mailing Addres	Section	Street Addres Registration	Section		
	Division of C P.O. Box 632	-		Corporations of Tallahassee		

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MS.T DID THAT LLC		
(Name of the Limited Liability Company as it now app. (A Florida Limited Liability Company	cars on our records.) y)	
The Articles of Organization for this Limited Liability Company were filed on	FEBRUARY 23, 2022	_ and assigned
Florida document number L22000087015		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liability company	here:	
he new name must be distinguishable and contain the words "Limited Liability Company." the	e designation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		63
	<u> </u>	
		
Enter new mailing address, if applicable:	-	
Mailing address MAY BE A POST OFFICE BOX)		
	<u>:</u>	<u>G</u>
	12.	. 61
 If amending the registered agent and/or registered office address on our gent and/or the new registered office address here: 	r records, enter the name	of the new register
Name of New Registered Agent:		
New Registered Office Address:	Florida street address	
City	, Florida	Zin 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 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	TULANI SHAKIRAH	7360 CURRY FORD RD	= Add
		# 720393	□ Remove
		ORLANDO, FL 32822	□Change
			□Add
			□ Remove
			<u>></u> C□Change
			Remove .
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			□Add
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□ Change

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ective date, if other than the date of filing:	(optional)
n effective date is listed, the date must be specific and cannot be prior to c te: If the date inserted in this block does not meet the applicable	late of filing or more than 90 days after filing.) Pursuant to 60
cument's effective date on the Department of State's records.	same and the second sec
coord specifies a delayed effective date, but not an effective time is filed.	at 12:01 a.m. on the earlier of: (b) The 90th day aft
PEGNUNA A	
ted DECEMBER 23 2022	
	ϵ
JP 160-	