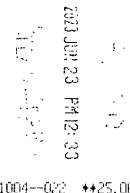
## 12000102285

(Re	equestor's Name)	
	ddress)	
(AC	10(622)	
(Ac	idress)	
	- (O G:- 6D+ #1	
(CII	ty/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Ř.	usiness Entity Name)	
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(Do	ocument Number)	
Certified Copies	Certificates o	f Statue
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Special Instructions to Film	na Officer:	

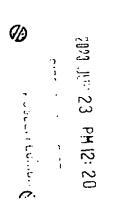
Office Use Only



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2 3 2,23

## **COVER LETTER**

TO: Registration So Division of Cor			
Me Square	d Enterpises		
Name of Limited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Raymond M. Folk		
		Name of Person	<u> </u>
	Me Squared Enterprises, L	LC	
		Firm/Company	
	504 23rd Street		
		Address	· · · · · · · · · · · · · · · · · · ·
	Niceville, Florida 32578		
		City/State and Zip Code	
	folkrm@gmail.com		16
For further information of	concerning this matter, please co	to be used for future annual report not all:	inication)
Raymond M. Folk		850 496-5354	
Name o	of Person	at () Area Code Daytir	ne Telephone Number
Enclosed is a check for the	he 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 S Division of C		Registration Se Division of Co	
P.O. Box 632		The Centre of	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Me Squared Enterpises, LLC

<sup>2023</sup> JUN 23 PN 12: 33

(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 Liab	oility Compan	y were filed on February	28, 2022	and assigned
Florida document number LL22000102285				
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited lia	bility company here:		
Me Squared Enterprises, LLC				
The new name must be distinguishable and contain the wor	ds "Limited Liab	oility Company," the designation	tion "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applical	ole:			
(Principal office address MUST BE A STREET	ADDRESS)			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE B)	<u>0X)</u>			
B. If amending the registered agent and/or regagent and/or the new registered office address	-	address on our record	s, <u>enter the na</u>	ame of the new registered
Name of New Registered Agent:			<del> </del>	
New Registered Office Address:		Enter Florida str	eet address	<u> </u>
			Florida	
		City	<del></del>	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 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
			□Add
			Change
			□Add
			□Rетоvе
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□Change
			□Add
			□ Remove
			□Change
			□Add
			□ Remove
			<b>57</b> C1

	<del></del>
ote: If th	date, if other than the date of filing:
cument	s effective date on the Department of State's records.
	secifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
is filed.	
ated	June 23 2023.
	JUNE 23 . 2023.
	Signature of a member of authorized representative of a member
	RAGINGIA M. FOCK  Typed or printed name of signee
	KACIAICAC H. HOCK

Filing Fee: \$25.00