L22000104793

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SLCIATIANY OF STATE ON VISION OF CORPORATIONS

T. MATTHEWS APR 14 2022

COVER LETTER

10:

Registration Section Division of Corporations

Mun9, L SUBJECT:	LC .		,
	Name of Lin	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
lease return all corres	spondence concerning this matter	to the following:	
	Jay Needelman		
		Name of Person	
	Jay Needelman, CPA		
		Firm/Company	
	520 West 47th Street		
		Address	
	Miami Beach FL 33140		
		City/State and Zip Code	
	cpa160@aol.com		
	E-mail address: (to be used for future annual report not	ification)
For further information	concerning this matter, please c	all:	
lay Needelman		305 495-7190 at ()	
Name	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for	the 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)
<u>Mailing Addr</u> Registration		Street Address: Registration Se	ection
Division of	Corporations	Division of Cor	rporations
P.O. Box 63		The Centre of 1	
Tallahassee	. I'L 3_314	Z410 IN, IMIONIC	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED SECRETARY OF STAPE DIVISION OF CORPORATIONS

Mun9, LLC

22 MAR 3! PM 3 26

__ and assigned

(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 $\frac{02/28/2022}{1}$

1 Jorida document number 1.22000104793		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	ibility Company," the design	nation "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)		
The state of the s		
::. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	Enter Florida s	
	City	Florida Zip Code
New Registered Agent's Signature, if changing Registered Agen		ząr Couc
I hereby accept the appointment as registered agent and as	_	

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

- 一

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AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Hir Bici	370 NE 75th Street, Unit 126, Miami, FL, 33138	□ Add
			≡ Remove
AMBR	Elis Bushati	370 NE 75th Street, Unit 126, Miami, FL, 33138	= Add
			□Remove
			□Change
			□Add
			□Remove
			🗆 Change
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Tecti an effi	ve date, if other than the date of filing:
ote:	ent's effective date on the Department of State's records.
ote: cume	I 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
ote: ecumo ecorc is fil	I 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
ote: ocumo record is file	I 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. March 23 2022
ote: ocume record is file	I 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.
