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

Bon's E

TO: Registration Sect Division of Corpo			
SUBJECT: MOL	VLY TEAUL L	LLC.	
	Name of Limit	ed Liability Company	
The enclosed Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return all correspond	dence concerning this matter t	o the following:	
	MARIA Del	Pilar X/UNE	Z ·
		Firm/Com; any	
	3181 S. K	Pilitary Trail Address	•
	Lake u	10 Mh FZ 35 City/State and Zip Code	3463
	YM a pinted?	306 Mai h. Com	ion)
	ncerning this matter, please ca	II:	
Maria Del fil	ON UNIZ	at (<u>56/</u>) <u>667 J</u> Area Code Daytime Te	lephone Number
Enclosed is a check for the	following amount:		
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

MONULYAU	12 L L L L C ·
(Name of the Limited Liabil (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability C Florida document number 12200129	Company were filed on $\frac{03/15/2022}{1348}$ and assigned
This amendment is submitted to amend the following:	_
A. If amending name, enter the new name of the lim	ited liability company here:
The new name must be distinguishable and contain the words "Lin	nited 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 ADD	RESS)
Enter new mailing address, if applicable:	2022
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registere	d office address on our records, enter the name of the new-registered
agent and/or the new registered office address here:	2: (
Name of New Registered Agent:	ARIA Del PILGE NUNEZ
New Registered Office Address:	181 S. HILHOYY toaik. Enter, Florida street address
<u>L</u>	9K1W07H Florida 33463
New Registered Agent's Signature, if changing Registere	
provisions of all statutes relative to the proper and cacept the obligations of my position as registered a	and agree to act in this capacity. I further agree to comply with the complete performance of my dutics, and I am familiar with and agent as provided for in Chapter 605, F.S. Or, if this document is ed office address, I hereby confirm that the limited liability If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
		 	□Add
			□Change
			□Add
			□Remove
			⊡Change
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<u>Sote:</u> If the c	date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lifective date on the Department of State's records.	isted a
	•	
record speci d is filed.	ities a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day at	iter th
Dated	$11/28$ 202^{2}	
	Aun Havier Toppels	

Filing Fee: \$25.00