## L22000/58833

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

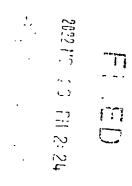
Office Use Only

A. RIVERS



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A. RIVERS FEB - 8 2023

## **COVER LETTER**

TO:	Registration Sec Division of Corp		L·	
SUBJE	ECT:	Mingside Franco of Limit	OCHUNS S781 ited Liability Company	Lle
The en	closed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspor	ndence concerning this matter	to the following:	
		Anthony	J Rubino  Name of Person	<del></del>
			Partners 5781 Firm/Company	UC
		652	NE 634 St Address	9P+ 305
		Miami,	City/State and Zip Code  City/State and Zip Code  Check 6781 6	<u> </u>
		E-mail address: (t	10 be used for future annual report not	gmail (on
For fur	ther information co	ncerning this matter, please ca	ill:	
	Inthom	Rybino	at (28_)25=	·
	Name of	Person	Area Code Daytin	ne Telephone Number
Enclose	ed is a check for the	e following amount:		
<b>X</b> \$2:	5.00 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:

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

	Enter Florida s	, Florida	Zin Code	
	Enter Florida s	irvei aaaress		
interior Office / Idaless.		anan addune		
New Registered Office Address:			<u></u> 2	
Name of New Registered Agent:			8 PH 2	TI D
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our recor	ds, <u>enter the</u>	: ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	v registere
			7022 1	
(Mauring address MAT BE A POST OFFICE BOA)				<del></del>
••				-
Enter now mailing address if applicable				
(Principal office address MUST BE A STREET ADDRESS)	<del> </del>	<del></del>		
Enter new principal offices address, if applicable:				
The new name must be distinguishable and contain the words "Limited Lic	bility Company," the design	nation "LLC" or t	he abbreviation "I.	L.C."
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  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:				
This amendment is submitted to amend the following:				
The Articles of Organization for this Limited Liability Comparing Lagon 1588 33.	ıy were filed on	7/01/3	<u>⊻∪∂ ⊴</u> and ass	signed
	<u> </u>		2.42	
(Name of the Isimited Liability Com	pany as it now appears on	our records.)		
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	rai+11P1	5/81	Ш	

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 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 addedor removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			□ Change
			□Add
		<del></del>	□Remove
			□Change
		<del></del>	□Add
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i effective date te: If the dat	is listed, tl e insertec	he date must I in this blo	be specific ck does no	and can ot meet	not be prior the applica	o date of filing ble statutory	g or r	nore than 90 days 12 requirements	after filing this date	.) Pursuant to 605.0 will not be listed
ument's effe	ctive date	e on the De	partment c	of State	's records.	•		3 1		
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cora specifie s filed.	s a delaye	ed effective	date, but	not an e	effective tir	ne, at 12:01	a.m.	on the earlier o	f: (b) T	ne 90th day after t
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