## L72 000 205292

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(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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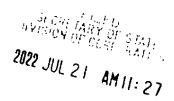
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## **COVER LETTER**

	egistration Sec ivision of Corp		,	
CHILES	MAIIILYN	23 LLC	•	•
SUBJECT	:	Name of Lim	nited Liability Company	
The enclose	ed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please retu	rn all correspor	idence concerning this matter	to the following:	
		Kelsey		
			Name of Person	
		ZenBusiness Inc		
			Firm/Company	
		5511 Parkerest Dr., STE 1	0.3	
			Address	
		Austin, TX 78731		
		fulfillment@zenbusiness.cc	City/State and Zip Code	
			(to be used for future annual report notification)	
For further	information co	ncerning this matter, please c	rall:	
Kelsey c/o	ZenBusiness I	nc	844 493-6249 at ( )	
	Name of	Person	Area Code Daytime Telephone Number	<del></del>
Enclosed is	a check for the	e following amount:		
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy)	Status & by
R D P.	ailing Address egistration S ivision of Co O. Box 6327 allahassee, F	ection orporations	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



MAHILYN23 LLC

(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 Florida document number <u>L22000205292</u> .	were filed on 04/29/2022 and assigned			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "L.L.C." or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	4600 Touchton Rd, E. Building 100 Suite 150			
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable:	4600 Touchton Rd. E. Building 100 Suite 150			
(Mailing address MAY BE A POST OFFICE BOX)	Jacksonville, Fl. 32246			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registe</u>			
Name of New Registered Agent:				
Name of New Registered Agent:  New Registered Office Address:	Enter Florida street address			
	Enter Florida street address, Florida City Zip Code			

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	Mylyn Shelvy	4600 Touchton Rd. E. Building 100 Suite 150	
		Jacksonville, FL 32246	□Remove
			Change
			🗆 Add
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an effective date is listed, the date n						
ote: If the date inserted in this ocument's effective date on the			le statutory filing r	equirements, this da	e will not be l	isted as ti
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record specifies a delayed effect is filed.	tive date, but not a	n effective time	e, at 12:01 a.m. on	the earlier of: (b)	The 90th day at	fter the
ited	<u> </u>	2022				
/s/ Mylyn						
1-1,1191	Simula					

Typed or printed name of signee