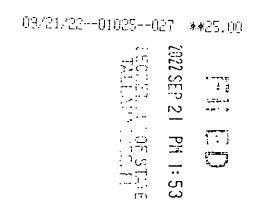
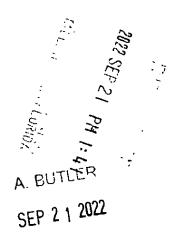
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
(6.1), 6.11.12.12, 1.11.11.11,	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
(2001/10/10/10/10/10/10/10/10/10/10/10/10/	
Continue of Challenger	
Certified Copies Certificates of Statu	ıs
Special Instructions to Filing Officer:	

Office Use Only



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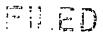


COVER LETTER

TO: Registration Se Division of Cor			
	ENTERPRISES LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JOSEPH MSEFYA		
		Name of Person	
	Victoria de la compansión de la compansi	Firm Company	
	1007 CHISHOLM ESTAT	TES DRIVE	
		Address	
	SAINT CLOUD, FL 3477		<u></u>
	MSEFYAJ@GMAIL.COM	City-State and Zip Code	
	_	to be used for future annual report not	ification)
For further information e	concerning this matter, please c	all:	
JOSEPH MSEFYA		757 450-8693	
Name o	ri Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street <u>Address:</u>	
Mailing Address: Registration Section		Registration Se	
Division of Corporations P.O. Box 6327		Division of Co The Centre of	•
7.O. Box 6527 Tallahassee, FL 32314			be Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



MSEFYA ENTERPRISES LLC

2022 SEP 21 PM 1:53

iny as it now appears on our records.) Liability Company) SECRETARY OF STATE	
were filed on 05/13/2022 OF STATE and assigned	
pility company here:	
lity Company," the designation "LLC" or the abbreviation "L.L.C."	
6900 TAVISTOCK LAKES BLVD	
SUITE 400	
ORLANDO, FL 32827	
6900 TAVISTOCK LAKES BLVD	
SUITE 400	
ORLANDO. FL 32827	
address on our records, <u>enter the name of the new registe</u>	
Enter Florula street address	
Florida	
<u>:</u>	
- we to act in this capacity. I further agree to comply with a	
<u> </u>	

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 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 AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR ALEXANDER A. PONTILLO	7000 W PALMETTO PARK ROAD	■Add	
		SUITE 210	□Remove
		BOCA RATON, FL 33433	
			⊡Add
			□Remove
			□Remove
			Change
			□Add
		□Remove	
			□Change
			□Add
		□Remove	
			□Change
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	to the state of th
Note:	ve date, if other than the date of filing:
he recor	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.
Dated	17 September 2022
	Signature of a member
	MSEFYA, JOSEPH
	Typed or printed name of signee

Filing Fee: \$25.00