

L2200025214

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

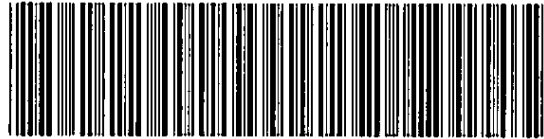
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J. HORNE
SEP 30 2022

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09/30/22--01001--015 **25.00

FILED
2022 SEP 30 AM 11:06
SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED
2022 SEP 30 AM 11:02
TALLAHASSEE, FL
FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MSEFYA ENTERPRISES LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees) are submitted for filing

Please return all correspondence concerning this matter to the following:

JOSEPH MSEFYA

Name of Person

Firm/Company

1007 CHISHOLM ESTATES DRIVE

Address

SAINT CLOUD, FL 34771

City, State and Zip Code

MSEFYAJ@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSEPH MSEFYA

757 450-8693
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount.

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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
211 E. Main St., Suite 201
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED
2022 SEP 30 AM 11:06

MSEFYA ENTERPRISES 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 were filed on 05/13/2022 and assigned
Florida document number L22000225214.

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 "L.L.C."

Enter new principal offices address, if applicable:

6900 TAVISTOCK LAKES BLVD

(Principal office address MUST BE A STREET ADDRESS)

SUITE 400

ORLANDO, FL 32827

Enter new mailing address, if applicable:

6900 TAVISTOCK LAKES BLVD

(Mailing address MAY BE A POST OFFICE BOX)

SUITE 400

ORLANDO, FL 32827

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:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ALEXANDER A. PONTILLO	7000 W PALMETTO PARK ROAD	<input checked="" type="checkbox"/> Add
		SUITE 210	<input type="checkbox"/> Remove
		BOCA RATON, FL 33433	<input type="checkbox"/> Change
MGR	JOSEPH MSEFYA	1007 CHISHOLM ESTATES DRIVE	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
		SAINT CLOUD, FL 34771	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b),

If the record 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 record is filed.

Signature of member or authorized representative of a member

MSEFYA, JOSEPH

Typed or printed name of signee