Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : ACCOUNTING2EASY CORP

Account Number : I20150000067 Phone : (786)487-1398 Fax Number : 1(305)503-9351

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: INFO@ACCOUNTING2EASY.COM

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MEJIA ROA INVESTMENTS LLC

Certificate of Status	0
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Corporate Filing Menu

Help

T. LEMIEUX

(((H24000349416 3)))

2024-10-18 20:05:15 GMT

1-305-503-9351

From: Accounting2Easy Corp

(((H240003494163)))

Ta: 18506176383 .

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MEJIA ROA INVESTMENTS LI				<del></del>
(Name of the Lim	ited Liability Comp (A Florida Limited	any as it now appears on o Liability Company)	ur records.)	
The Articles of Organization for this Limited l		y were filed on $\frac{10/04/20}{}$	022	_ and assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited liab	oility company here:		
N/A				
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designa	tion "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if appli	N/A			
Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	70 170 171	2024 0
			27	9 11
			32	œ 📑
B. If amending the registered agent and/or	registered office	address on our record	ls, enter the name o	f the new register
agent and/or the new registered office addr	ess here:			<u>ن</u> ت
Name of New Registered Agent:	N/A		ATE	<del>2</del>
New Registered Office Address:	718 Fairoaks I	Ln.		
New Registered Office Address.		Enter Florida str	eet address	
	Maitland		, Florida 3275	1
		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

To: 18506176383 .

Page: 3 of 4

2024-10-18 20:05:15 GMT

1-305-503-9351

From: Accounting2Easy Com

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
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			□Remove
			Change
			□Remove
			□ Change
			□Add
			☐Remove
			□ Change
			□Add
			□Remove
			□Change
			🗀 Remove
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Effective date, if other than the	ha data of fills	N/A			(optional)	
If an effective date, it other than to a street of the str	ust be specific a block does not	nd cannot be prior meet the applic	able statutory fil	more than 90 day	s after tiling.) Pursi	uant to 605.0207 (3 not be listed as th
ne record specifies a delayed effect ord is filed.	tive date, but no	ot an effective ti.	me, at 12:01 a.n	n. on the earlier	of: (b) The 90tl	a day after the
OCTOBER 18 Dated		2024				
Last A						
	Signature of	a member or autho	rized representat	ive of a member		

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Filing Fee: \$25.00