## L22000475945

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Dusilless Chity Hame)
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## **COVER LETTER**

TO: Registration Se Division of Corp			,
SUBJECT: MC1	SSO & Seyr	OUL COMPANY, ited Liability Company	LLC
	Name of Lim	ned Diabinity Company	
The enclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	<u> Lelissa</u>	Name of Person	
	Melissa &	2 Seymour Compary Film/Company	M, LIC
	1800 Brees	ty Lake Lane U	Lnit#203
	Land o La	City/State and Zip Code	7022
	mabra	ors@7@aol.com	172 HOV 21 11 9:13 13 13 13 13 13 13 13 13 13 13 13 13 1
		to be used for future annual report notif	ncation)
For further information co	oncerning this matter, please ca	all:	
Welissa (	3mols	a, 727, 389-3	H21 11 11 11 11 11 11 11 11 11 11 11 11 1
Name of	Person	Area Code Daytime	e Telephone Number
Enclosed is a check for th	, -		
☐ \$25.00 Filing Fee	S \$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		Street Address:	ntion.
Registration S Division of C		Registration Sec Division of Cor	
P.O. Box 632	7	The Centre of T	allahassee
Tallahassee, F	L 32314	2415 N. Monroe	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

his amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company he	ips·		
. If amending name, enter the new name of the limited liability company he	iro.		
	<u>-1 0</u> .		
ha navy name must be distinguishable and equation the small Miles in Line 1991.	will on the literature	- W I O "	
he new name must be distinguishable and contain the words "Limited Liability Company," the de	esignation "LLC" or the abbreviation	on "L.L.C."	
Inter new principal offices address, if applicable:		<u> </u>	
Principal office address MUST BE A STREET ADDRESS)		<del>3</del>	
		- 17	
		S	
inter new mailing address, if applicable:		_ ,	
Mailing address MAY BE A POST OFFICE BOX	(1) L	12	
	11.7	<del>,,</del>	
	res C	ప	
New Registered Office Address:  New Registered Office Address:		e new regis	
Enter Flori	Enter Florida street address		
	Florida		

## 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 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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and it about her the date of Elicon	(optional)	
ective date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be prior to date of filing or  te: If the date inserted in this block does not meet the applicable statutory fil  ument's effective date on the Department of State's records.	more than 90 days after filing.) Purst	eant to 605.020 not be listed a
cord specifies a delayed effective date, but not an effective time, at 12:01 a.n s filed.	n. on the earlier of: (b) The 90th	n day after th
ed November 17, 2022		
ed Wallet II. FOFE.		