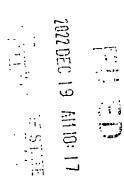
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COVER LETTER

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SUBJECT:			
The enclosed Articles of Ar	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Name of Limited Liability Company sed Articles of Amendment and fee(s) are submitted for filing. arm all correspondence concerning this matter to the following: Tenced Reader Name of Person Member 126 114, LLC Firm/Company 126 114, LLC Firm/Compa		
	126 NW	Address	
	Cope Cor	City/State and Zip Code	FG3 Fe CM . Lo M ort notification) Daytime Telephone Number S60.00 Filing Fee, Certificate of Status & Certified Copy
			cation)
For further information con	ncerning this matter, please ca	all:	
Jehan Rame of F	Person	at (235) 628- Area Code Daytime	Telephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Mailing Address		Stroot Addross	

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 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mamba l	2022 DEC 19 AH ID: 17
(Name of the Limited Liabili (A Florida	Limited Liability Company)
The Articles of Organization for this Limited Liability C	Company were filed on 12012022 and assigned
Florida document number <u>C 2200050705</u>	<u>4</u> .
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	ited liability company here:
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
<u>Principal office address MUST BE A STREET ADDI</u>	RESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Extra L'Amida etnast extlanor
	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Mar	Jehad Bader	126 NW 27TH PL	XAdd
		126 NW 2-77 PL Capa Con1, Fr 33993	□Remove
			□Change
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 Effecti	ive date, if other than the date of filing:	
Note:	ective 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. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed tent's effective date on the Department of State's records.	.0207 ed as t
record d is fil	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after led.	r the
Dated .	December 12 2022	
	Signature of a member or authorized representative of a member	