L22000512922

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COVER LETTER

· TO:

TO:	Registration Sec Division of Corp				
	MAUNG LI	.c			
SUBJE	CT:	Name of Lim	ited Liability Company		
The encl	osed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please ro	eturn all correspoi	ndence concerning this matter	to the following:		
		ERIC MAUNG			
			Name of Person		
		MAUNG LLC			7003 27
			Firm/Company		· .
		235 SEAVIEW CT #C4			<u> </u>
			Address		<u> </u>
		MARCO ISLAND, FL 341	145		ن. این
		LLC.MAUNG@GMAIL.C	City/State and Zip Code OM		
		E-mail address: (to be used for future annual report no	tification)	
For furth	ner information co	oncerning this matter, please ca	all:		
JOE MI	LLER, EA		239 437.0241 at ()		
	Name of	Person	Area Code Daytii	me Telephone Number	-
Enclosed	is a check for th	e 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 Fe Certificate of \$1 Certified Copy (additional copy is	tatus &
	Mailing Address Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7	Street Address: Registration Solivision of Co The Centre of 2415 N. Monr Tallahassee, F	orporations Tallahassee oe Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAUNG LLC			
(Name of the Limit	ed Liability Compa (A Florida Limited	any as it now appea Liability Company)	ars on our records.)
The Articles of Organization for this Limited Li	ability Company	were filed on 12	2.06.22 and assigned
lorida document number L22000512922	·		(2)
his amendment is submitted to amend the follo	27		
. If amending name, enter the new name of	the limited liab	oility company h	nere:
/A			
ne new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the	
nter new principal offices address, if applica	able:	235 SEAVIEW	V CT #C4
Principal office address MUST BE A STREE	T ADDRESS)	MARCO ISLA	AND, FL 34145
nter new mailing address, if applicable:	200	235 SEAVIEW	V CT #C4 AND, FL 34145
Mailing address MAY BE A POST OFFICE I	<u>80x)</u>		
. If amending the registered agent and/or regent and/or the new registered office addres Name of New Registered Agent:		address on our	records, enter the name of the new register
New Registered Office Address:	235 SEAVIEW	CT #C4	
now Registered Office Address.		Enter Flo	orida street address
	MARCO ISLA	ND	, Florida ³⁴¹⁴⁵
		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 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
			□Remove
			[Change
			(□)Add
			☐Remove -
			
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove

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attended if other than the date of fillings	(optional)
ctive date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior it If the date inserted in this block does not meet the applic iment's effective date on the Department of State's records.	to date of filing or more than 90 days after filing.) Pursuant to 605.02 able statutory filing requirements, this date will not be listed
ord specifies a delayed effective date, but not an effective ti filed.	ime, at 12:01 a.m. on the earlier of: (b) The 90th day after the
DECEMBER 29 2022	
H	T. Mens
	orized representative of a member

Typed or printed name of signee