

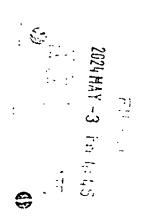
(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone #)	)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	





300429164423

05/03/24--01025--004 \*\*25.00



## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: Morgan Ma	nyer MM LLC		
	Name of Lim	nited Liability Company	
	Amendment and fee(s) are sub	· ·	
	Morgan Mayer		
		Name of Person	<del></del>
	<u>-                                      </u>	Firm/Company	
	450 Knights Run Ave #170	Address	
	Tampa, FL 33602		
	MorganMayerMM@gmail.	City/State and Zip Code com	
	E-mail address: (	to be used for future annual report notif	ication)
For further information co	oncerning this matter, please c	all:	
Morgan Mayer		at (_813)951-8978	
Name of	l Person	Area Code Daytime	: Telephone Number
Enclosed is a check for th	e following amount:		
■ \$25.00 Filing Fee	□ \$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	ζ.	Street Address	

TO:

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

MORGAN MAYER MM LLC			
(Name of the Limited	Liability Company as it now a Florida Limited Liability Comp	appears on our records.) pany)	
The Articles of Organization for this Limited Liab Norida document number	oility Company were filed o	on	and assigned
This amendment is submitted to amend the follow	ring;		
a. If amending name, enter the new name of t	ne limited liability compa	ny here:	
Classy Miss M LLC			
he new name must be distinguishable and contain the wor	ds "Limited Liability Company,"	" the designation "LLC" or the abbr	eviation "L.L.C."
inter new principal offices address, if applicab	le:	>-	2024
Principal office address MUST BE A STREET	ADDRESS)		
	<del></del>	·	
nter new mailing address, if applicable:	n/a		ED D
Mailing address MAY BE A POST OFFICE BE	<u></u>		
		5	· · · · · ·
3. If amending the registered agent and/or reg gent and/or the new registered office address Name of New Registered Agent:	istered office address on onere:	our records, <u>enter the name</u>	of the new regis
New Registered Office Address:	n/a		
rem registered Office Address.	Ente	er Florida street address	<del></del>
		, 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>	Type of Action
n/a	n/a		□Add
			□ Remove
			□Change
n/a n/a	n/a		
			□Remove
			□Change
n/a n/a	n/a		□ Add
			□Remove
			□ Change
n/a n/a	n/a		
			□Remove
			□Change
n/a n/a	n/a		□ Add
			□Remove
		·	□Change
n/a	n/a		
			🗀 Remove
			□ Change

## Page 2 of 3

	n/a
Effec	ive date, if other than the date of filing: n/a (optional)
f an el	fective 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
<u>Note:</u>	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a part's officelies due on the Department of State's records.
JOCUI	nent's effective date on the Department of State's records.
ie re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of
1116	90th day after the record is filed.
Dated	Apr. 1 29 2024
	April 29 . 2024. Muga nun
	Will Mind
	Signature of a member or authorized representative at member
	Mora an Mauer  Typed or printed name of signife