(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT M	AIL
(Business Entity Name)	<u> </u>
(Document Number)	
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1/19/2023

COVER LETTER

Division of C			
SUBJECT:	Marie Jos	ed Liability Company	n LLC
	Name of Limit	ed Liability Company	
The enclosed Articles	of Amendment and fee(s) are subn	nitted for filing.	
Please return all corres	spondence concerning this matter to	o the following:	
	Rodney	Name of Person	
		Firm/Company	
	1360 N	c 151st Street	
		FL 33162 City/State and Zip Code	
	E-mail address: (t	South & Gmai	1. Com
For further informatio	n concerning this matter, please ca	ılı:	
Rodney Nam	Verdicon of Person	at (776) 487 Area Code Daytime	O747 Telephone Number
Enclosed is a check for	or the following amount:		
□ \$25.00 Filing Fee	□ \$30,00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Ado</u> Registratio		Street Address: Registration Sect	tion
~	f Corporations	Division of Corp	orations

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Micia Jasa Fa	undation 11 c	2023 JAN 19 PM 12: 19
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our records.) Liability Company)	SECHLINATUR STATE TALLAHASSEE, FL
The Articles of Organization for this Limited Liability Company	were filed on 1-9-200	
Florida document number <u>L23000017992</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Linbi	lity Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	·-	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid:	a Zip Code
New Registered Agent's Signature, if changing Registered Agent		21/1 00.11
I hereby accept the appointment as registered agent and age provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ree to act in this capacity. I furthe e performance of my duties, and I provided for in Chapter 605, F.S.	am familiar with and Or, if this document is
If Ch:	anging Registered Agent, Signature of Ne	w 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>	Address	Type of Action
MGR	Marie Verdiner	1243 NW 204th Street	
		Miani, FL 33169	□Remove
			🗆 Change
			DAdd
			□Remove
			□Change
···			□Add
		· · · · · · · · · · · · · · · · · · ·	□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change

		
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-		
17.00	f other than the date of filing: (optional)	
Note: If the date	f other than the date of filing:	207 as
ne record specifies ord is filed.	a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t	he
Dated	1-19 2023.	
	1-19 2023. Collney Signature of a member of authorized representative of a member	
	Rodney Verding Typed or printed name of signee	

Filing Fee: \$25.00