L2800038462

(Re	equestor's Name)	
(Äd	dress)	.= .=
	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
	cinoss Entity No.	
(bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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09/29/24

TO: Registration Se Division of Cor			
SUBJECT:	Name of Limit	dings - Recal Property	<u> </u>
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	Carlos Mondesir		
		Name of Person	
		Mbuse Services UE	С
-	2216 W. River Dr.		
		Address	
	Margate, F1, 33063		
	cmondesir@mbuso.org	City/State and Zip Code	
For further information of	E-mail address: (concerning this matter, please concerning this matter)	to be used for future annual report noti all:	fication)
Carlos Mondesir		754 241-3511 at ()	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	he 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 Addres		<u>Street Address:</u> Registration Se	ction
Division of C		Division of Cor	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp	any as it new appears on Diability Company)	out UC	
he Articles of Organization for this Limited Liability Compan lorida document number	Δ1	20 2023	_ and assigned
his amendment is submitted to amend the following:			
he new name must be distinguishable and contain the words "Limited Lia	Property Holding bility Company," the design	S UU C	eviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)			8)
			542
Enter new mailing address, if applicable:			10 ·
(Mailing address MAY BE A POST OFFICE BOX)		EE STAT	-
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	ce address on our reco	ords, <u>enter the nam</u>	e of the new regist
Name of New Registered Agent:			
New Registered Office Address:	Enter Floride	i street address	
		_, Florida	
			Zin Carlo

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

	•	•	•	
 	U . U		<u> </u>	

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
_			□Add
			□ Remove
		<u>.</u>	□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□ Change
			□Remove
			□Change
		⊡Add	
			□Remove

men	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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ffect	ive date, if other than the date of filing:
hte	ective date is listed, the date must be specific and cannot be prior to date of fining of more data. So days this date will not be listed a lift the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a lient's effective date on the Department of State's records.
e re The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.
Dated	May 3rd 2024 Mills Mills
	Signature of a member or authorized representative of a member
	Carlos Mondesir