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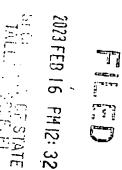
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COVER LETTER

Tallahassee, FL 32314

TO: Registration Division of	n Section Corporations		
	SERVICES LLC		
SUBJECT:	Name of Lit	nited Liability Company	
The enclosed Articles	s of Amendment and fee(s) are su	bmitted for filing.	
	espondence concerning this matte		
	JEANETTE C BUSTAM	ANTE	
		Name of Person	 .
	MUZY SERVICES LLC		
		Firm/Company	
	1601 NE 33 CT		
		Address	——————————————————————————————————————
	POMPANO BEACH.FL	33064	2023 FEB 16 PH12: 32 SECK FALLS OF STATE TALLS SEES FL
		City/State and Zip Code	8 16 PH 18
	JEANETTEBUSTAMAN	•	(SO PR)
	E-mail address:	(to be used for future annual report notification)	
For further information	on concerning this matter, please	call:	32 ATE
JEANETTE BUSTA	MANTE	786 7342790	
Nan	me of Person	at () Area Code Daytime Telephone	2 Number
Enclosed is a check f	or the following amount:		
■ \$25.00 Filing Fe	_	Certified Copy radditional copy is enclosed)	60.00 Filing Fee. Certificate of Status & Certified Copy additional copy is enclosed)
	dress: on Section of Corporations	Street Address: Registration Section Division of Corporation:	s
P.O. Box	•	The Centre of Tallahasse	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MUZY SERVICES LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{01/23/2023}{2}$ and assigned Florida document number L23000039595 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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>	Address	Type of Action
MGR	JEANETTE BUSTAMANTE	1601 NE 33 CT POMPANO BEACH FL 33064	∃ Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			🗆 Add
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	ist be specific and cannot be prior lock does not meet the applic	to date of filing or more than 90 days after table statutory filing requirements, this	filing.) Pursuant to 605,0207 (3
ne record specifies a delayed effection of is filed.	ve date, but not an effective t	ime, at 12:01 a.m. on the earlier of: (b) The 90th day after the SEC
Dated	2023		P IL. 2023 FEB 16 SECRETARY TALLAHAS
	la The	3 2 (T)	0, `
	Signature of a member or auth	corized representative of a member	PH 2: 32 OF STATE SEE FL
JEANETTE BUSTAM	ANTE		ŢΕ 3 2

Typed or printed name of signee