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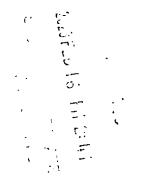
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COVER LETTER

COVERDETTER
TO: Registration Section Division of Corporations
SUBJECT: NEEDYVERSE LLC
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Morgan Shuler
Name of Person
NEEDYVERSE LLC
Firm/Company (7)
1680 Michigan Ave. Ste. 700 #542 F. Address
Address
Midmi Beach, FL 33139 City/State and Zip Code The needy verse @ Gmail. Com E-mail address; to be used for future annual report notification)
the need wesse @ anail. com
The needy verse @ amail. Lom E-mail address: to be used for future annual report notification)
For further information concerning this matter, please call:
Morgan Shuler at 305, 986-6855 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address: 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

The Articles of Organization for this Limited Liability Company were filed on January 23, 2023 and assigned Florida document number L230000H077H 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 , Florida _

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
MGR	Homza Sale	1680 Michigan Are.	□Add
		Ste. 700 # 542	ERemove
		Mani Beach, FL 33130	□Change
MGR	Hamza Saleem	1680 Michigan Ave.	IZAdd
		Ste 700 A 542	□Remove
		Miami Beach, FL 33130	Change
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more than ote: If the date inserted in this block does not meet the applicable statutory filing requir	(optional) 90 days after filing.) Pursua rements, this date will no	int to 605.020
ocument's effective date on the Department of State's records.		
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the e	earlier of: (b) The 90th	day after the
is filed.		,
ated February 8, 2023.		
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