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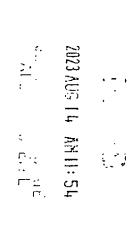
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J 9/10/2023

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Mighty Lomousic	se Service LLC
SUBJECT: MIShty Lomousic Name of Limit	ed Liability Company
The enclosed Articles of Amendment and fee(s) are subm	nitted for filing.
Please return all correspondence concerning this matter to	o the following:
Calvin Mic	5 h + 4
-	Name of Person
mighty ho	Firm/Company
17840 Kingsu	er Rd
(28-1-) (1132	Address
Wellington f	City/State and Zip Code
	•
E-mail address: (to	Gyahoo . Com be used for future annual report notification)
For further information concerning this matter, please ca	II:
California del	111 Ohn 7719
Calvin Mighty Name of Person	at (<u>S61</u>) <u>860</u> <u>7749</u> Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
☑ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy ☐ Certificate of Status &
Centre are of Status	(additional copy is enclosed) Certified Copy (additional copy is enclosed)
	(,
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



July 23, 2023

CALVIN MIGHTY 12840 KINGSWAY ROAD WELLINGTON, FL 33414

SUBJECT: MIGHTY LOMOUSINE SERVICE LLC

Ref. Number: L23000077136

We have received your document for MIGHTY LOMOUSINE SERVICE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The first page is missing.

The current name of the entity is as referenced above. Please correct your document accordingly.

The document must contain the original date of filing/authorization in Florida.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

AUG 1 4 2023

Letter Number: 123A00016469

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mighty Lomousine (Name of the Limited Liability C) (A Florida Lin	Service	LLC	2023 AUG 14 AH 11: 54
(Name of the Limited Liability C	ompany as it now appe	ars on our re	cords.)
(ATTOMALEM	inica Blabinty Company	,	(A)
The Articles of Organization for this Limited Liability Companies 1, 2, 3, 6,6,6,7,7,1,2,4	nany were filed on ℓ	72/1312	and assigned
Florida document number <u>L Z 3 0 0 0 0 7 7 1 3 6</u>	[r) e.e te. e <u>-</u>	1-)	
Florida document number L CZ 0000 1/136.			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	l 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 ADDRES	<u></u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
		<u>. —</u>	
B. If amending the registered agent and/or registered of	ffice address on our	records, en	iter the name of the new registered
agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
	v.nter Pl	orida street aa	aress
			, 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 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
AMBR	Konneth a willians	14416 SW 159th St maft	□Add
		Miam. FL 33177	EKemove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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			□Remove
			Change
			□Add
			□Remove
		·	Change
			□Add
			□Remove
			□Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an ef <u>Note:</u>	ive date, if other than the date of filing:
record is f	
Dated	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	CAlvin Mishty Typed of printed name of signer