L23000082985

| (Requestor's Name) |
|---|
| |
| (Address) |
| |
| (Address) |
| , |
| (O) (O) (O) (O) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| (Dusiness Linkly Mattie) |
| |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
| |
| |
| Special Instructions to Filing Officer: |
| |
| |
| |
| |
| |
| |
| |





500414311515

08/22/23--01020--007 **25.00

2023 # 122 PM 6: 00

or in S gpiall

COVER LETTER

| | tion Section of Corporations |
|----------------------|---|
| SUBJECT: | MEDISTIE BUSINESS CURSUTANT LLC |
| <i></i> | Name of Limited Liability Company |
| The enclosed Artic | cles of Amendment and fee(s) are submitted for filing. |
| Please return all co | orrespondence concerning this matter to the following: |
| | MUNICA A GUNET Name of Person |
| | Name of Person |
| | MENTADE BUSINESS CONSULTANT LLC Firm/Company |
| | 30725 US HLY 19 N #375 |
| | PAIM HAMBON FL 34684 City/State and Zip Code |
| | _ |
| | ROLOCOLLCE GMATL. Com E-mail address: (to be used for future annual report notification) |
| For further inform | ation concerning this matter, please call: |
| MONTO | A COMEZ at 24, 64/672 |
| • | Name of Person Area Code Daytime Telephone Number |
| Enclosed is a chec | k for the following amount: |
| \$25.00 Filing | Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 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

| (Name of the Lim | ited Liability Compa (A Florida Limited | ny as it now appears on our reco Liability Company) | ords.) |
|--|--|--|------------------------------------|
| The Articles of Organization for this Limited I | Liability Company | were filed on <u>2/15/2023</u> | and assigned |
| Florida document number L23000082985 | · | | |
| This amendment is submitted to amend the fol | | | |
| A. If amending name, enter the new name (| of the limited liab | oility company here: | |
| N/A | | | |
| The new name must be distinguishable and contain the | words "Limited Liabi | ility Company," the designation "L | .L.C" or the abbreviation "L.L.C." |
| Enter new principal offices address, if appli | cable: | N/A | |
| (Principal office address MUST BE A STREET ADDRESS) | | | 72 |
| | | | |
| | | | uV |
| Enter new mailing address, if applicable: | | N/A | 22 |
| Mailing address MAY BE A POST OFFICE | E ROY) | | -0 24 |
| STUMING AUGIESS STAT BE A LOST OFFICE | . <u>D.O.A.</u> | | ů. |
| | | | 3 |
| B. If amending the registered agent and/or agent and/or the new registered office addr | | address on our records, <u>ent</u> | ter the name of the new regis |
| Name of New Registered Agent: | N/A | | |
| New Registered Office Address: | N/A | | |
| | | Enter Florida street address | |
| | N/A | | Florida N/A |
| | | 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 |
|--------------|----------------|----------------------------|----------------|
| MGR | Adriana Garcia | 30725 US HWY 19 NORTH #375 | ■Add |
| | | PALM HARBOR, FL 34684 | □Remove |
| | | | [Change |
| | | | DAdd |
| | | | Remove |
| | | | □Change |
| | | | |
| | | | □Remove |
| | | | 🗀 Change |
| | | | 🗆 Add |
| | | | Remove |
| | | | Change |
| | | | 🗆 Add |
| | | | Remove |
| | | | |
| | | | |
| | | | Remove |
| | | | Chanan |

| I have no records of making t | this change to #371, its always been #375 | |
|--|--|---|
| | | |
| | | |
| | | <u> </u> |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | 20:73 |
| | | |
| | | :22 |
| | | P L |
| | | |
| | | . <u> </u> |
| | | |
| | | |
| | | |
| | | |
| tive date, if other than the | 8/15/2023 | (optional) |
| ffective date is listed, the date mus | st be specific and cannot be prior to date of filing | or more than 90 days after filing.) Pursuant to 605.0 filing requirements, this date will not be listed |
| ment's effective date on the D | | |
| | | |
| ord specifies a delayed effective filed. | /c date, but not an effective time, at 12:01 a | i.m. on the earlier of: (b) The 90th day after t |
| d <mark>8/15</mark> | , 2023 | |
| | Signature of a member or authorized representa | |

Typed or printed name of signee