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COVER LETTER

Division of Corp	porations			
Mystical Mo	omma LLC			
SUBJECT:			<u> </u>	
	Name of Lim	ited Liability Company		
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	Nicole Donahue			
	Mystical Momma LLC	Name of Person		
	1586 Eastlake Lane	Firm/Company		
	Sebastian FL 32958	Address		
	mysticalmommalle@gmail.	City/State and Zip Code com		
	E-mail address: (to be used for future annual report notif	ication)	
For further information co	oncerning this matter, please ca	all:		
Nicole Donahue		215 678-0492		- - -
Name o	f Person	at () Area Code Daytime	Telephone Number	
Enclosed is a check for th	ne following amount:			
☐ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ling Fee, te of Status &

TO:

Registration Section

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

Mystical Momma 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 February 28, 2023 and assigned 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	Nicole Donahue	1586 Eastlake Lane Sebastian FL 32958	≣ Add
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: If the date inserted in this	he date of filing: must be specific and cannot be prior to date of block does not meet the applicable sta Department of State's records.		ng.) Pursuant to 605.02
ord specifies a delayed effectiled.	tive date, but not an effective time, at	12:01 a.m. on the earlier of: (b)	The 90th day after th
April 5	2023		
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n	Signature of a member or authorized re	progniativa of a manufact	