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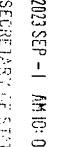
(Requ	estor's Name)	
(Addı	ess)	
(Addr	ess)	
(City/s	State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Busin	ness Entity Nami	e)
(Docu	iment Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fil	ing Officer:	
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COVER LETTER

TO:	Registration Se Division of Cor			6	%	*
SUBJE	MYGO2AC	JENT LLC		•	,	
SOBJE	C1	Name of Limi	ited Liability Company			
The enc	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please r	eturn all correspo	ndence concerning this matter	to the following:			
		TAMARRA BERNARD &	: JAHVELL BERNARD			
			Name of Person			
			Firm/Company			
		14683 BRUNSWOOD WA	ΛΥ			
			Address			
		ORLANDO FL 32824				
		MYGO2AGENT007@GM/	City/State and Zip Code			
			to be used for future annual report not	ification)	SE(วกว
For furt	her information c	oncerning this matter, please ca	all:		SECRETAR TALLAHI	֓֞֞֞֓֓֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓
TAMA	RRA BERNARD		954 3972762 at ()		[AST]	Andreas Andreas
	Name o	f Person		ne Telephone Number	PER STA	
Enclose	d is a check for th	ne following amount:			03	
■ \$25	5.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified :	e of Status &	

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

(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now ap Limited Liability Compar	pears on our records.)	
The Articles of Organization for this Limited Liability Co		•	and assigned
	_·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company	<u>r here</u> :	
			202 SE
The new name must be distinguishable and contain the words "Limi	ted Liability Company," t	he designation "LLC" or t	he appropriation L.L.G.
Enter new principal offices address, if applicable:	14683 BRU	NSWOOD WAY	57 7
(Principal office address MUST BE A STREET ADDR	ESS) ORLANDO	FL 32824	五型 一
			SEE S
Enter new mailing address, if applicable:	14683 BRU	NSWOOD WAY	- PAE
(Mailing address MAY BE A POST OFFICE BOX)	ORLANDO	FL 32824	
			<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on ou	ir records, <u>enter the</u>	name of the new regis
Name of New Registered Agent: TAMA	RRA MAURICE		
New Registered Office Address: 14683	BRUNSWOOD WAY		
	Enter	Florida street address	
ORLA	NDO	Florida	a 32824
	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.

f 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>	<u>Address</u>	Type of Action
AMBR	TAMARRA BERNARD	14683 BRUNSWOOD WAY	■Add
		ORLANDO FL 32824	□Remove
			□Change
AMBR	JAHVELL BERNARD	14683 BRUNSWOOD WAY	■Add
		ORLANDO FL 32824	□Remove
			Change SECRET
AMBR	TAMARRA MAURICE	PO BOX 6134	ALLE Badd
		FT LAUDERDALE FL 33310	Bemove T
			TO DOME
			, CJAdd
			□Remove
			Change
	 		□Add
			□Remove
			□Change
			□∧dd
			□Remove
			[]Change

name from Tamarra Mauric	ce to Tamarra Bernard. I will attach certificate.	Lastly I needed to update my address
information. Thank you in	advance!	
I have also	attached My EIN numb	or #92-2798114
		202 SE
		TO SEE
		27 1
		- <u>京</u>
		mo 0.
***************************************		Fin W
		177-301-
et If the date inserted in this	he date of filing:	(optional) more than 90 days after filing.) Pursuant to 605.0 ing requirements, this date will not be listed
ord specifies a delayed effect filed.	ctive date, but not an effective time, at 12:01 a.m.	i. on the earlier of: (b) The 90th day after
AUGUST 25	. 2023	

Filing Fee: \$25.00