L330001091041

| | (Requestor's Name) |
|---------------------------|------------------------------|
| | |
| | |
| ı | (Address) |
| | |
| | |
| 1 | (Address) |
| | |
| | (Oib. (Chata Tia The ana 40) |
| • | (City/State/Zip/Phone #) |
| | |
| PICK-UP | WAIT MAIL |
| _ | |
| | |
| - (| (Business Entity Name) |
| , | , |
| | |
| | (Document Number) |
| | |
| | |
| Certified Copies | Certificates of Status |
| | |
| | |
| Special Instructions to I | Filing Officer: |
| | _ |
| | J. HORNE |
| | JUN 2 6 2023 |
| | JON 5 0 5052 |
| | |
| | |
| | |
| | |
| | |
| | |

Office Use Only



000410873540

08/26/23--01001--013 **30.00

MH 7: 15 2029 JUN 26 AM 7: 22

COVER LETTER

| TO: Registration Section Division of Corpo | | | |
|--|--------------------------------|--|--|
| SUBJECT: Ma | ma On A | Mission LL | . C |
| 30b3Ec 1 | Name of Limi | ited Liability Company | |
| | | | |
| The enclosed Articles of An | nendment and fee(s) are sub- | mitted for filing. | |
| Please return all correspond | ence concerning this matter | to the following: | |
| | | | |
| | _ Kaitly | Allison Name of Person | |
| | Mame | S ON A MISS | SIÓN |
| | 2645 H | ill crest Ave | |
| | •••• | Address | |
| | litusville | Plorida 3 City/State and Zip Code | 32796 |
| | | | |
| | E-mail address: (1 | mission 23@0 | fication) |
| For further information con- | cerning this matter, please ca | all: | |
| | | | |
| Name of Po | erson | at () | e Telephone Number |
| | | | |
| Enclosed is a check for the | following amount: | | |
| □ \$25.00 Filing Fee | \$30.00 Filing Fee & | ☐ \$55.00 Filing Fee & | S60.00 Filing Fee, |
| - | Certificate of Status | Certified Copy (additional copy is enclosed) | Certificate of Status & Certified Copy (additional copy is enclosed) |
| | | | |
| Mailing Address: | | Street Address: | |
| Registration Sec | ction | Registration Sec | ction |
| Division of Cor | | Division of Cor | noratione |

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

e.r = . .

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ... TO ARTICLES OF ORGANIZATION 2023 office one

G

|)F | -/Eco. 1 7:20 |
|------------------------|---|
| any as it now appears | MARKET AND STREET |
| | 3 OL 2023 and assigned |
| oility company her | <u>re</u> : |
| ility Company," the de | signation "LLC" or the abbreviation "L.L.C." |
| | |
| address on our re | cords, enter the name of the new registered |
| | |
| Enter Florid | la street address |
| | any as it now appears Liability Company) were filed on cility company," the design address on our re- |

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.

City

If 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> | Name | Address | Type of Action |
|--------------|-----------------|---|-----------------------|
| AMBR | Kaitlyn Allison | 21045 HILLOUT AVE THUEVILLE FL 32794 | \sqrt{\interpret} Add |
| | | | □Remove |
| | | | □Change |
| | | -11.2 (11.1) | 🗀 Add |
| | | | □Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | □ Change |
| | | | □Add |
| | | | □Remove |
| | | | Change |
| | | | □Add |
| | | | □Remove |
| | | | Change |
| | | | 🗆 Add |
| | | | □Remove |
| | | | Change |

| | | |
|--------------------------------|---|----------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Effective of | late, if other than the date of filing: | |
| Note: If th | e date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 e date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed affective date on the Department of State's records. | .0207 (3 ed as th |
| he record spo ord is filed. | ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after | r the |
| Dated | | |
| | 1/ a t-1 (111 | |
| | Signature of a member or authorized representative of a member | |

. . .

Filing Fee: \$25.00