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





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COVER LETTER

Division of Cor	porations				
SUBJECT: M	UOIF Cart	S LLC ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	MUSUA_	Hron ec Name of Person			
	4324 50	Firm/Company		2025	
		FL 3 444) City/State and Zip Code	·	2025 AUG 21 PM 6: 14 SECNOTARY OF STATE CALLAHASSEELFLORIO	
	Musonh4177	to be used for future annual report noting	Gastian	PM 6: I	·
For further information co	oncerning this matter, please co		ncation)	7000 2012 3: 12	
Musun H	Person	at (<u>35</u> 2) <u>480</u> Area Code Daytime	- 6235 e Telephone Number	_	
Enclosed is a check for th	e following amount:				
12/\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing F Certificate of S Certified Copy (additional copy is	Status &	
Mailing Address	:	Street Address:			

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

Registration Section

TO:

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 Limited Liability Comp (A Florida Limited	any as it now appears on our Liability Company)	records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L2300647833</u> .	y were filed on 4/L	1/23	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lial	bility company here:		
The new name must be distinguishable and contain the words "Limited Liab			
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation	n "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
			2025
Enter new mailing address, if applicable:			AUG 2
(Mailing address MAY BE A POST OFFICE BOX)			me -
			1.8 S. L.
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records,	enter the name o	f the new registere
Name of New Registered Agent:			
New Registered Office Address:	Power Physics		
	Enter Florida street	adaress	
	Cin	, Florida	2:- C- J-
N. B. C. L. S. C. L. M. D. L. D. L. L.	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 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>	Address	Type of Action
			□Add
			□Remove
			Change
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ote: If the d	ate inserted in this blo	ock does not meet the	applicable statutory fi	or more than 90 days afte iling requirements, thi	r filing.) Pursuant to 605.020 is date will not be listed a
cument's et	fective date on the De	epartment of State's r	ecords.		
ecord specif	ies a delayed effective	e date, but not an effe	ective time, at 12:01 a.	m. on the earlier of; (t	b) The 90th day after the
is filed.				·	•
ted	7-28-2	, 5			
	7-28-2	<u> </u>	·		2025
	m_/	Signature of a member	or authorized representa-	tive of a member	5 N
				•	AUG 21
	77/1	11/4 20 1	or printed name of signe		F 1 =
		Tuned	or printed name of siene		PK 6: 16