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(Requestor's Name)
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2029 JUL 10 AM 7:31



COVER LETTER

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TO:	Registration Section			
	Division of Corporations		`•	• •
	1100 Ma 07/	1		
SUBJ	ECT: Nah Meanz L	e of Limited I	Jability Company	
The er	closed Articles of Amendment and fee(s)	are submitte	ed for filing.	
Please	return all correspondence concerning this	matter to th	e following.	
	•			
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	Micha	$e_{1}u$	Name of Person	
			rune of a casen	
	Nah	Mean	n7	
			Firm Company	
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	mikeze	r 1919@1	Jahov. Com Jsed for future annual report not	
	h-mail a	ddress. (to b&	sed for future annual report not	dication)
For fu	rther information concerning this matter, p	please call:		
_				
M	chael Quintana		at (<u>407</u>) <u>717 -</u> Area Code Daytin	0612
	Name of Person		Area Code Daytin	ie Telephone Number
Enclo:	sed is a check for the following amount:			
	25.00 Filing Fee \$30.00 Filing Fee		≣ \$55.00 Filing Fee &	■ \$60.00 Filing Fee,
= →.	Certificate of Si		Certified Copy	Certificate of Status &
			(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 FOR LEADING

		20	123 JUL 10 At	17:31
Name of the Limits	Z d Liability Compan	y as it now appears on ability Company)	our records.) (; ; ;	<u> </u>
	A Florida Limited 1.	ability Company) • •	Alt Mirruit.	•
The Articles of Organization for this Limited Li	ability Company	were filed on $05/6$	01/2023	and assigned
Florida document number <u>L23000 2111</u>	<u> 125 </u>			
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liabi	lity company here:		
The new name must be distinguishable and contain the wo	ords "Limited Liabih	ty Company," the design	ation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applica	ıble:			
(Principal office address MUST BE A STREE	TADDRESS)	.		
r				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)			
	<u> </u>			
B. If amending the registered agent and/or reagent and/or the new registered office address		ddress on our recor	ds, <u>enter the nar</u>	ne of the new registered
Name of New Registered Agent:	Michae	1 Anthon	y Quin	lana
New Registered Office Address:	18635	Holli Ster Enter Florida sa	treet address	
	Orlan	90°	Florida _	32 8 20 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>	Name	Address	Type of Action
			≣ Add
			■Remove
			☐ Change
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Page 2 of 3

an effective 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 tote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ocument's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier The 90th day after the record is filed.		-
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Filing Fee: \$25.00