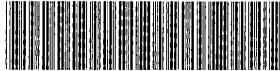
L23000250743

(Requestor's Name)	
(Address)	900
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	08/
(Document Number)	
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COVER LETTER

TO:

Registration Section

Division of (Corporations	7-	
		SERVICES LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
		MARTHA OTALORA	
		Name of Person	
	мо ассо	OUNTING SERVICES CORP	
		Firm Company	
	175 FONTAII	NEBLEAU BLVD SUITE 1-G2	
		Address	
	MI	AMI, FLORIDA 33172	
		City/State and Zip Code	-,-
		@moaccountingservices.com	
	E-mail address; (to be used for future annual report not	ification)
For further information	on concerning this matter, please c	all:	
MARTH	A OTALORA	786 612-5021 at ()	
Nai	ne of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check f	or the following amount:		
■ \$25.00 Filing Fe	e U \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Ad</u> Registrati	dress: on Section	Street Address: Registration So	ection
_	of Corporations	Division of Co	rporations
P.O. Box		The Centre of	
Tallahasse	e, FL 32314	2415 N. Monre	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	M4W SERVICI	S LLC		
(Name of the Limited (A	Liability Compa Florida Limited I	ny as it now appears liability Company)	on our records.)	
ne Articles of Organization for this Limited Liab orida document number 1.23000250743	ility Company	were filed on	05/22/2023	and assigned
is amendment is submitted to amend the follow	ing:			
If amending name, enter the new name of the	ne limited liab	ility company her	<u>re</u> :	
/A				
e new name must be distinguishable and contain the word	ds "Limited Liabi	lity Company," the de-	signation "LLC" or the abbrevi	ation "L.L.C."
ater new principal offices address, if applicab	le:	19499 NE 10th A	VE APT 203	
Principal office address MUST BE A STREET ADDRESS)		NORTH MIAMI BEACH, FLORIDA 33179		13 13
The that office and east to the same and the				.5
				ــا
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		19499 NE 10th A	VE APT 203	
		NORTH MIAMI	BEACH, FLORIDA 33179	
				- در در،
If amending the registered agent and/or regent and/or the new registered office address		address on our re	cords, <u>enter the name of</u>	the new regi
Name of New Registered Agent:	N/A			
New Registered Office Address:	New Registered Office Address: 19499 NE 10th AVE APT 203			
		Enter Flori	da street address	
	NORTH MIAN	и веасн	, Florida ³³¹⁷⁹	

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 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 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

Zip Code

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

Title	<u>Name</u>	<u>Address</u>	Type of Action
NA		 	Add
			□Remove
NA			
			□Remove
			□Change
NA			□Add
			□Remove
			□Change
NA ———	Λ		□Add
			□Remove
		<u> </u>	
NA	<u> </u>		□Add
			EiRemove
			□Change
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			□ Remove
			Change

N/A		
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		1.1 Pil 6:
		ي ا
ffective date, if other than the date of filing: _	05/22/2023 (opt	tional)
an effective date is listed, the date must be specific and car lote: If the date inserted in this block does not meet	of be prior to date of filing or more than 90 days after	er filing.) Pursuant to 605.020
ocument's effective date on the Department of State	s records.	ng dire will not be instead
record specifies a delayed effective date, but not an	ffective time, at 12:01 a.m. on the earlier of: ((b) The 90th day after the
d is filed.		
July, 21 2	23	
Pated	——· ↑ ·	
~ apaphar	abo i	
Signature of a men	er or authorized representative of a member	
A X / A	M BOTERO QUINTANA	
	ed or printed name of signee	

Filing Fee: \$25.00