

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





100425202951

08/08/24--010:8--008 *:30.00

COVER LETTER

TO: Registration Section Division of Corporatio	ns			
SUBJECT: POSCYC	It White Name of Limite	IA SCYVICE d Liability Company	s & Slip	dies LLC
The enclosed Articles of Amenda	nent and fee(s) are subm	itted for filing.		
Please return all correspondence	concerning this matter to	the following:		
	Mittels	SNA Nubb)2	
_		Firm/Company		
	4714 111	oth Street	·	<u>_</u>
	LUITZ, FI	City/State and Zip Code	mil no	
	E-mail address; (to	be used for future annual re-	ort notification)	()1 1 1
For further information concerni-	ng this matter, please call	:		
Miheisha M	1665	at (<u></u>	09-8U	35
Name of Person		Area Code	Daytime Telepho	ne Number
Enclosed is a check for the follow	wing amount:			
	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)

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**

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	y were filed on 57	03/2023	and assigned
Florida document number 2300316511			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lial	bility company here	:	
Mintisha Enterprises UC			
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the desig	gnation "LLC" or the abbi	reviation "L.L.C."
Enter new principal offices address, if applicable:	WA	<u>-,-</u>	
(Principal office address MUST BE A STREET ADDRESS)			
			(b)
Enter new mailing address, if applicable:	MA		
•••	.0/. \		
(Mailing address MAY BE A POST OFFICE BOX)			
		· · · · · · · · · · · · · · · · · · ·	- ()
B. If amending the registered agent and/or registered office	addrass on our rass	ards antar the name	of the new registered
agent and/or the new registered office address here:	address on our reco	ords, enter the name	or the new registered
Name of New Registered Agent: WA		 	
New Registered Office Address:			
-	Enter Florida	i street address	
		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent	I <u>:</u>		

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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
		·	□Remove
			☐ Change
		.	□Add
			□Remove
			□ Change
			□Add
			Remove
			Change
			\ \ _Add
		 	□Remove
			□ Change
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			□Remove
			□Change
			□Remove
			□ Chanye

	
	
(If an e	tive date, if other than the date of filing:
he reco ord is t	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the iled.
Dated	March 4th 2024
	Signature of a member or authorized representative of a member
	Signature of a member of authorized representative of a member