L23000316784

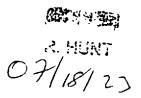
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(Business Entity Name)
(Document Number)
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COVER LETTER

TO:

Registration Section:

Division of Cor	porațions	' 'w'			
	oni Baia LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Jonathan Taboada				
		Name of Person			
	ZenBusiness INC				
		Firm/Company			
	336 E. College Ave Suite	301			
		Address		82	
	Tallahassee, FL 32301				
		City/State and Zip Code		Ç	· · .
	fulfillment@zenbusiness.co	om to be used for future annual report notif	(OC) (D) (C)	PH	
For further information of	oncerning this matter, please c	·	PAE	PM II: 33	i}
c/o ZenBusiness INC		844 493-6249 at ()			
Name o	f Person		Telephone Number		
Enclosed is a check for the	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Certificate of Certified Cop (additional copy	Status d	
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Corp The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee Street, Suite 810		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2904 Missoni Baia LLC				
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records ability Company)	_)		
The Articles of Organization for this Limited Liability Company v Florida document number <u>L23000316784</u>	vere filed on <u>07/17/2023</u>	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil	ity company here:			
2904 MB LLC				
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC"	or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
		1 5.3		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
		LIC III		
B. If amending the registered agent and/or registered office ac agent and/or the new registered office address here:	ldress on our records, <u>enter t</u>	He mame of the new registere		
		±41 4- 7		
Name of New Registered Agent:				
New Projectored Office Addresses				
New Registered Office Address:	Enter Florida street address	 		
	, Florida			
	City	Zip Code		
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and covided for in Chapter 605, F	d I am familiar with and F.S. Or, if this document is		

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			Change
			□Add
			□ Remove
			□Change
			□Add
			Remove COC PH Change Change
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ective date, if other than the date of effective date is listed, the date must be spec-	f filing:		(optiona)	(05.05
e: If the date inserted in this block doe	es not meet the applica	o date of filing or mo ble statutory filing	re than 90 days after film requirements, this da	g.) Pursua e will no	ini to 603.0. of be listed
ument's effective date on the Departme	ent of State's records.				
and marifage deleved offering date.	h		maka amiina afi /b) - 2	"L - 004L	J
cord specifies a delayed effective date, is filed.	but not an effective tir	ne, at 12:01 a.m. o	n the earner of: (b)	ne 90th	day after ti
ed	2023	<u> </u>			
/s/Dora Dvir					