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COVER LETTER

(O: Registration Sec Division of Cor				
SUBJECT:	Missy Minner	- LLC		
, , , , , , , , , , , , , , , , , , ,	Name of Lin	nited Liability Company		
The enclosed Articles of A	<u>Amendment and fee(s) are sul</u>	bmitted for filing		
		_		
rease return an correspon	idence concerning this matter	r to the following:		
	Melissa	Minner		
		Name of Person		
	•			
		Firm/Company	····	
	14525 Sam	houss PR		
		Address	 ,	
	Llermont, A	City/State and Zip Code 1 103 D S Mail COM		
		City/State and Zip Code		
	Missylumpa.	11 1103 d smail com	**************************************	
		to be used for future annual report noti	fication)	
or further information co	ncerning this matter, please c	all:		
Mrlissa Minr Name of	18 (-	at (AU) GIL-90 Area Code Daytime	36	
Name of 1	Person	Area Code Daytime	e Telephone Number	
nclosed is a check for the	following amount:			
/	□ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee.	
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)	
		¢ .		
Mailing Address:		Street Address:		
Registration Section		Registration Section		
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		
		Tallahassee, FL 32303		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Missy Minne	r, LLC		
		now appears on our records Company)	<u>.</u>)
The Articles of Organization for this Limited Liability Florida document number <u>L23000350b</u>	Company were fi	iled on 11.06.23	and assigned
This amendment is submitted to amend the following:		,	
A. If amending name, enter the new name of the lin	nited liability co	mpany here: Meliss	in Minner, LLC)
Melissa Minner LLC The new name must be distinguishable and contain the words "Lin			
	miled Liability Comp	pany, the designation "LLC"	or the abbreviation "L.L.C.
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)		02
		· · · · · · · · · · · · · · · · · · ·	
			20
Enter new mailing address, if applicable:			<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)			
			F. 2
			N-
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address	on our records, enter t	he name of the new registere
Name of New Registered Agent:			
New Registered Office Address:			
	•	Enter Florida street address	
		. Flor	rida
	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

Page 2 of 3

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(If an effect Note: If	e date, if other than the date of filing:
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 0th day after the record is filed.
Dated _	02.14 2024
	Signature of a member or authorized representative of a member
	Signature of a member of authorized representative of a member Minnor Typed or printed name of signee
	Typed or printed name of signee