123000396303

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phoni	e #)
ζ-	-7	- ·· ,
PICK-UP	☐ WAIT	MAIL
	_	
	usiness Entity Nar	
(80	isiness Entity war	ne)
		··
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
110016		
\sim		

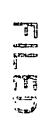
Office Use Only



200417136762

16/16/20--0)023--065 **25.60





COVER LETTER

TO: Registration So Division of Cor			
SUBJECT: MUS	Sthavenils (Entstal CCC inted Hisbility Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Crystao	Name of Person	
		Firm/Company	
	1565 DIG	amond loop Dr.	
	Kissimme	2 FC 34744 City/State and Zip Code	
	Musthaue na E-mail address: (ils. Crystala amail com to be used for future annual report notification)	
For further information c	oncerning this matter, please ca	all:	
<u>Cryster</u> Name o	1 Morales f Person	at (404) 219 -0579 Area Code Davtime Telephone Number	
Enclosed is a check for the	ne following amount:		
★ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)	
Mailing Addres	<u>ss:</u>	Street Address:	
Registration S		Registration Section	
Division of C P.O. Box 632	-	Division of Corporations The Centre of Tallahassee	
Tallahassee, I		2415 N. Monroe Street. Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa	ny as it now appears on our	records.)
(Name of the Limited Liability Compa (A Florida Limited I	Liability Company)	
he Articles of Organization for this Limited Liability Company	were filed on 8 2	$\frac{3}{2}$ and assigned
lorida document number <u>L23000391.30.3</u>		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
ne new name must be distinguishable and contain the words "Limited Liabil		ISTALLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		7 20
		30
		latings.
nter new mailing address, if applicable:		
Auiling address MAY BE A POST OFFICE BOX)		王三
	,	α :
. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records,	enter the name of the new registere
ent and/or the new registered write address here.		
Name of New Registered Agent:		
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 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 or removed from our records:

MGR = Manager AMBR = Authorized Member

MGR = Man AMBR = Aut	ager horized Member		Type of Action
Title	Name	Address	_
Mar.	Crystal Morales	1565 Diamond Loop]	Y D Add
<u>'</u>			□Remove
			Change
			🗆 Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□Remove
			Change
			□ ∧dd
			□Remove
			Change
			□Add
			□Remove
			□Change

							
 			_		_		
				<u></u>			
					_		
							
-							
							
					<u> </u>	 -	
							
<u></u>				<u></u>			
			<u>-</u>				
					_		
an effective dat	e, if other than the dee is listed, the date must attended in this block	be specific and cannot	ot be prior to date	of filing or more that	(optional an 90 days after filing	g.) Pursuant to 605.0	207 Fas
ocument's eff	ective date on the Dep	partment of State's	s records.	ndiory ming requ	meneno, ins au	t will the trace	•••
record specifi Lis filed.	ies a delayed effective	date, but not an el	ffective time, at	12:01 a.m. on the	e earlier of: (b) 1	he 90th day after t	he
ated	-29-23	<u>} </u>	·				
		_					
		\sim \sim					
- 		Signature of a memb	er or authorized r	epresentative of a r	nember		