## 123000399343

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COVER LETTER

	istration Sect sion of Corp				
SUBJECT:	Making Mon	-			
SUBJECT			Liability Company	<del></del>	<del></del>
The enclosed	Articles of A	mendment and fee(s) are submi	ited for filing.		
Please return	all correspon	dence concerning this matter to	the following:		
		Jael A de Jesus			
		···	Name of Person		
		Making Money LLC			
			Firm/Company		
		5606 SW 36th St	,		
			Address		<del></del>
		West Park Florida 33023			
			City/State and Zip Code		
		makingmoneyco@gmail.com	be used for future annual t		
Con Combon in	Commission			героп поинсацоп)	
roi lutinei ili	ioimanon coi	ncerning this matter, please call:			
Jael A de Jes	sus		at ( )	2-6208	
Name of Person Area Co		at () Area Code	Daytime Telepho	one Number	
Enclosed is a	check for the	following amount:			
□ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is encl		\$60.00 Filing Fee, Certificate of Status & Certified Copy tadditional 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

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Ma	king Money LLC	
	( <u>Name of the Limited Lial</u> (A Flor	hility Company as it now appears on our records.) rida Limited Liability Company)
	rganization for this Limited Liability number <u>L23000399343</u>	y Company were filed on and assigned and assigned
This amendment i	s submitted to amend the following	:
A. If amending	name, <u>enter the new name of the l</u>	imited liability company here:
The new name must l	pe distinguishable and contain the words "I	limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new princi	pal offices address, if applicable:	
(Principal office (	address MUST BE A STREET AD.	DRESS)
Enter new mailii	ng address, if applicable:	
Mailing address	<u>MAY BE A POST OFFICE BOX)</u>	
***	he registered agent and/or registe new registered office address her	red office address on our records, <u>enter the name of the new registers</u> <u>e</u> :
Name o	New Registered Agent:	
<u>New Re</u>	gistered Office Address:	Enter Florida street address
		, Florida
		City Zip Code

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

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II amending Authorized rerson(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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Adderli E de la Cruz de Leon	5606 SW 36th St. West Park Fl 33023	■Add
			□ Remove
			□Change
			□Add
			□Remove
			□Change
			🗀 Add
			□Remove
			□Change
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			□ Change
			□Add
			Remove
			□Change

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ffective date, if other than the d	02/23/2024 late of filing:		(optional)	
an effective date is listed, the date must be some If the date inserted in this block.	he specific and cannot be prior to ok does not meet the applical	o date of filing or more than the statutory filing requir	90 days after filing.) Pursuant to ements, this date will not be	605.0207 ( listed as t
locument's effective date on the Dep	partment of State's records.	ore common; numg require		
	date, but not an effective tin	ne, at 12:01 a.m. on the e	arlier of: (b) The 90th day a	after the
d is filed.	2024			
d is filed.	DocuSigned by:	_·		
Jated				-

Filing Fee: \$25.00