# 123000416-860

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

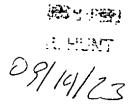


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E FERSION CONTRACTOR



## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassec, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

MEU HANDMAD	DE LLC		
Please Debit FCA0	00000003 For: 25		
Thank you Seth Ne	elev		
1-4-1			
- Hely-		Art of Inc. File	
		LTD Partnership File	0) 26
		Foreign Corp. File	017151 2023 S
		L.C. File	43S
		Fictitious Name File	<b>一</b>
		Trade/Service Mark	
		Merger File	PHI2: L
		Art, of Amend. File	<b>10</b>
		RA Resignation	
		Dissolution / Withdrawal	<del>_</del>
		Annual Report / Reinstatement	<del></del>
		Cert. Copy	
		Photo Copy	
		Certificate of Good Standing	<u> </u>
		Certificate of Status	
		Certificate of Fictitious Name	<del></del>
		Corp Record Search	
1.	,	Officer Search	
4	7/	Fictitious Search	
Signature	<u> </u>	Fictitious Owner Search	<del></del>
		Vehicle Search	
		Driving Record	
Requested by:		UCC 1 or 3 File	
Name	Date Time	UCC 11 Search	
		UCC 11 Retrieval	
Walk-In	Will Pick Up	Courier	

#### **COVER LETTER**

Division of Cor	rporations		
	IDMADE LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing	
		<del>-</del>	
Please return all correspo	ondence concerning this matter	to the following:	
	Emilio Gutierrez		
		Name of Person	
	FA CORPORATE MANA	GEMENT LLC	
		Firm/Company	···
	2050 Coral Way Ste 405		
		Address	
	Miami, FL 33145		
		City/State and Zip Code	
	Legal2@facorporatemg.com		
		to be used for future annual report ne	tification)
For further information of	concerning this matter, please c	all:	
Emilio Gutierrez		347 761-6978 at ()	
Name o	of Person	Area Code Dayti	me Telephone Number
Enclosed is a check for t	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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration		Street Address: Registration S	oction
Division of C		Division of Co	

P.O. Box 6327 Tallahassee, FL 32314

Registration Section

:OT

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MEU HANDMADE LLC		
(Name of the Limited Lie (A Flo	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabili	ty Company were filed on 09/06/2023	and assigned
Florida document number L23000416910	<del>.</del>	
This amendment is submitted to amend the following	ā.	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words	Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	
(Principal office address MUST BE A STREET AL	ODRESS)	2023 S
		क्षे द्व
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX	)	PM 12: 4
		<u>2</u>
		0.4
B. If amending the registered agent and/or registered and/or the new registered office address her		name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Proceedings of the second	
	Enter Florida street address	
<del></del>	, Floric	la
	Cu).	$\lambda ip \cup ac$

#### 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.

Claudia S. Muñoz

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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	FA Corporate Management LLC	2050 Coral Way Ste 405, Miami, FL 33145	🖺 Add
			□Remove
			□Change
			□Add
			□Remove
		<del></del>	□Change
			DIVISION OF CO
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an effective date is listed, the date must ote: If the date inserted in this blo	ck does not meet the applicable statutory	(optional) or more than 90 days after filing.) Pursuant to 605.0 filing requirements, this date will not be liste	0207 d as
cument's effective date on the De			
record specifies a delayed effective	date, but not an effective time, at 12:01 a	i.m. on the earlier of: (b) The 90th day after	the
record specifies a delayed effective is filed.	2423		the
is filed.			the

Filing Fee: \$25.00