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(R	equestor's Name)	
(A	ddress)	
	ddress)	
(C	ity/State/Zip/Phone #)	<u> </u>
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	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO: Registration So Division of Cor				
SUBJECT: M&P OF	RGANIZE, LLC Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and feets) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Corpor	ate Maintenance Lea	ad	
		Name of Person		
	Proc	essing Department		
		Firm/Company		
	1	l450 Vassar St		,
		Address		
		Reno, NV 89502		
	-	City State and Zip Code		COT 24 PA 3:
	E-mail address: (to be used for future annual report notifi	cation)	- ω - ω
For further information of	concerning this matter, please co	all:		्रिक
Process	sing Department	at (800) 638-2320		
Name (of Person	Area Code Daytime	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)	Certified C	of Status &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	RGANIZE, LLC	
(<u>Name of the Limited Liability C</u> (A Florida Lii	Ompany as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Com	pany were filed on 10/02/23	and assigned
Florida document number <u>L23000454695</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l 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:		
(Principal office address MUST BE A STREET ADDRES	<u></u>	
		2f :
	·	
Enter new mailing address, if applicable:		<u>-</u> .+
(Mailing address MAY BE A POST OFFICE BON)		
		1 22
	•	
B. If amending the registered agent and/or register registered agent and/or the new registered office addres		nter the name of the n
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Floric	
	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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Lsamara Dos Santos	4832 Conway Rd Apt 46	
		Orlando, FL 32812	☐ Remove
			Change
MGR	Isamara Dos Santos	4832 Conway Rd Apt 46	
		Orlando, FL 32812	☐ Remove
			Change
		 	
			Remove
			Change
			Add :
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Effec	etive date, if other than the date of filing: N/A (optional) ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuan	nt to 605.0207
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not ment's effective date on the Department of State's records.	be listed as
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the e 90th day after the record is filed.	e earlier of
	October 10th . 2023_	
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00

COVER LETTER

Division of Col			
SUBJECT: M&P OF	RGANIZE, LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter		
	Corpor	ate Maintenance Lea	ad
		stante of retson	
	Proc	essing Department	
		Firm Company	ງ ກົດ ເ
	•	l450 Vassar St	
		Address	2003 CST 24
		Reno, NV 89502	70
	_	City State and Zip Code	- : 59
	Lamad addess of	to be used for future annual report notif	
For further information c	concerning this matter, please c	·	(Carrott)
Process	sing Department	at (800) 638-2320	
Name c	of Person		: Telephone Number
Enclosed is a check for t	he following amount:		
☑ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURI Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, F1, 32,	n ations nter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	DRGANIZE, LLC	
(<u>Name of the Limited Liability</u>) (A Florida Li	Company as it now appears on our records, imited Liability Company))
The Articles of Organization for this Limited Liability Con	npany were filed on 10/02/23	and assigned
Florida document number <u>L23000454695</u>	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE.	<u></u>	26
		_ 3
Enter new mailing address, if applicable:		- 2
Mailing address MAY BE A POST OFFICE BON)		***
straining datatess may be a 1031 Of FICE DOM	-	<u> </u>
B. If amending the registered agent and/or register registered agent and/or the new registered office addresses.		enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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		Orlando, FL 32812	Remove
			Change
MGR	Isamara Dos Santos	4832 Conway Rd Apt 46	
		Orlando, FL 32812	Remove
			☐ Change
			Add
			Remove
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00