L23 200 458 787

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COVER LETTER

TO: Registration : Division of Co			
Muck n X	lore LLC		
50b)EC1	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	pondence concerning this matter	to the following:	
	Ruth Hays		
		Name of Person	
	Muck a More		
		Firm/Company	
	25 Pittman Dr		
		Address	202
	Palm Coast, FL 32164		2023 DCT 17
	mucknmore@gmail.com	City/State and Zip Code	. .
	E-mail address; (to be used for future annual report noti	fication)
For further information	concerning this matter, please ca	all:	
Ruth Hays		718 954-1132	(r) O
Name	of Person	at ()	e Telephone Number
Enclosed is a check for	the following amount:		
□ \$25,00 Filing Fee	■ \$30,00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addr Registration Division of P.O. Box 63	Section Corporations	Street Address: Registration Se- Division of Cor The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Much M More (Name of the Limited Liability Com	pany as it now appears on ou d Liability Company)	r records.)	
The Articles of Organization for this Limited Liability Compart Florida document number <u>LZ3 000 458 7</u> 8	w were filed on 10-4	1-7023	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lis	ability company here:		
The new name must be distinguishable and contain the words "Limited Lia Enter new principal offices address, if applicable:	bility Company," the designati	on "LLC" or the abbrev	riation "L.L.C."
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:		TALL	100 500 500 500 500 500 500 500 500 500
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records	s, enter the name of	Sthe new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida stre		
	City	Florida	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 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>	<u>Name</u>	Address	Type of Action
AMBR	Ruth Hays	25 Pittman Dr	≣ Add
		Palm Coast, FL 32164	□Remove
			□ Change
			□Add
			Change DCT Add
			Add
			Remove,
			□Remove
			□Change
			⊒Add
			□Remove
			□Change
			□Remove □Change

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	10:04:2023			
Effective date, if other than the date of it an effective date is listed, the date must be spective. If the date inserted in this block doe document's effective date on the Department.	cific and cannot be prior to a es not meet the applicable			
e record specifies a delayed effective date, b rd is filed.	but not an effective time	, at 12:01 a.m. on the earli	er of: (b) The 90th day after	r the
October 13	2023			
Dated County 15	·			
Signatur	re of a member or authoriz	ed representative of a membe	T	
Ci//				

Filing Fee: \$25.00