## L23000527648

(Requestor's Name)
(Address)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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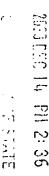
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## **COVER LETTER**

	Registration Sec Division of Corp				
SUBJEC	Maygan Cap	ori Johnson LLC			
SUDJEC	T:	A			
The encid	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please re	turn all correspon	ndence concerning this matter	to the following:		
		Maygan Johnson			
			Name of Person	<del></del>	
			Firm/Company		
		901 SW Nichols Ter			
			Address		
		Port Saint Lucie, FL 34952			
			City/State and Zip Code		
		mayganjohnsonrealtor@gma			
		E-mail address: (1	o be used for future annual report notific	ation)	( c)
For furth	er information co	oncerning this matter, please ca	all:		ا الله الله الله الله الله الله الله ال
Maygan	Johnson		772 3325226 at ( )		7823 DEC 14
	Name of	Person	Area Code Daytime 7	Felephone Number	P
					PH 2: 3
Enclosed	is a check for th	e following amount:			بن 1371 بن
\$25.0	00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Cop (additional copy	Fee, miles & py

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Maygan Capri Johnson LLC	
(Name of the Limited Liability Company as It now appe (A Florida Limited Liability Company)	ars on our records.)
The Articles of Organization for this Limited Liability Company were filed on $\frac{1}{2}$	1/27/2023 and assigned
Florida document number L23000527648	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company b	nere:
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 ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BQX)	<u> </u>
	; ()
B. If amending the registered agent and/or registered office address on our	_
agent and/or the new registered office address here:	PH 2: 31
	5.60 69
Name of New Registered Agent:	777 0
New Registered Office Address:	Łu
	orida street address
City	Zin 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>	Name	Address	Type of Action
MGR	Brian E Johnson	901 SW Nichols Ter	
		Port Saint Lucie, FL 34953	■Remove
			□Change
			□Add
			□Remove
			□Change
<del></del>			□Add
			□Remove
			☐ Change
			Add
			☐ Removen
			DAdd
		- <u>-</u>	□Remove
			Change
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			□(Changa

. 11	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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If an effe Note:	ve date, if other than the date of filing:	int to 605.0207 (3)( it be listed as the
e record	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th ed.	day after the
Dated 1	December 11 2023	
	11/1/1/19	
	Signature of a member or authorized representative of a member	<del></del>
	1 \	

Filing Fee: \$25.00