Division of Corporations

12/18/23, 12:02 PM

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number: I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	 •



LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MIZZLE AND MOONBOW LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

T. LEMIEUX

DEC 19 2023

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Corporate Filing Menu

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

··· 35		•
Mizzle and Moonbow LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our rec	ords.)
, , , , , , , , , , , , , , , , , , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
The Articles of Organization for this Limited Liability Company	were filed on 12/04/23	and assigned
Florida document number L23000535721		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabit	lity Company," the designation "I	JLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2614 Belmont Oaks Lane	
(Principal office address MUST BE A STREET ADDRESS)	Tampa, FL, 33610	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>en</u>	ter the name of the new registered
Name of New Registered Agent:		
	,,	
New Registered Office Address:	Enter Florida street ad	Juss
 		FloridaZip Code
	City	гір Соце

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

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From: Registered Agents Inc.

Fax: 8134365206

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	Burrell, Qiyana-Lee	7901 4th St N STE 300	
		St. Petersburg, FL 33702	□Remove
			☐ Change
AMBR	Allen, Nereen	7901 4th St N STE 300	***
		St. Petersburg, FL 33702	□Remove
			□ Change
			🗀 Add
			□Remove
			☐Change
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change

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: Effecti (II an effe Note:	ve date, if other that ective date is listed, the da If the date inserted in the	n the date of filir to must be specific an	ng: nd cannot be prior to meet the applical	o date of filing or more	(optiona e than 90 days after fith requirements, this da	l) ng.) Pursuant to 605.0207 (3) te will not be listed as the
	ent's effective date on					
the record	I specifies a delayed ef ed.	fective date, but no	ot an effective tim	ne, at 12:01 a.m. on	the earlier of: (b)	The 90th day after the
Dated ⁽	December 18th		2023	_ •		
_	December 18th	Sm	19h			
		Signature of a	member or author	ized representative of	a member	

Typed or printed name of signee