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(Requestor's Name)
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PICK-UP WAIT MAIL
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(Document Number)
,
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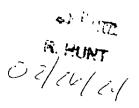




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COVER LETTER

TO: Registration Section Division of Corpora				
SUBJECT: MONG	dragon E	nterprice d Liability Company	S LLC	
The enclosed Articles of Ame	endment and fee(s) are submi	tted for filing.		
Please return all corresponder	nce concerning this matter to	the following:		
-	Thanya Her	Name of Person	Mondragon	
-	Mondrago	Firm/Company	erprices, L	LC
-	894 SW	Rocky	Bayou Terra	(Ce
Ē	ort St Lucio	City/State and Zip Code	34986	
_	E-mail address; fto	on transfer future annual rep	ort notification)	
For further information conce	erning this matter, please call	:		
Name of Per	ndez Mondo		77 - 4557 Daytime Telephone Number	
Enclosed is a check for the fo	llowing amount:			
□ \$25.00 Filing Fee □	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	S60.00 Filing Fee, Certificate of State Certified Copy (additional copy is encl	
Mailing Address: Registration Sect	ion	-	on Section	
Division of Corp			of Corporations re of Tallahassee	
P.O. Box 6327	22214		Aonroe Street Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mondraam	Enterprice	es, LLC
(Name of the Limited Liab (A Flori	lity Company as it now appears on or da Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Florida document number \(\begin{aligned} \lambda 4 00001 \text{b} \ \lambda \end{aligned} \]	Company were filed on $\frac{\sqrt{\Delta n u a}}{9}$.	ry 5th 2024 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	Enterpris	ses, LLC
The new name must be distinguishable and contain the words "Li Enter new principal offices address, if applicable:	mited Liability Company. The designat	ion "LLC" or the abbreviation "L.L.C."
(Principal office address MUST BE A STREET ADI.	ORESS)	رة. ح
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA	7 2: 38 5 FL
B. If amending the registered agent and/or register agent and/or the new registered office address here		s, enter the name of the new registere
Name of New Registered Agent:	N	<u>A</u>
New Registered Office Address:	Enter Florida str	eet address
	City	Florida

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
		$A \sim A$	□Add
			Remove
			□Change
			□Add
			□Remove
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<u>tote:</u> If the	ate, if other than the date date is listed, the date must be spendate inserted in this block d effective date on the Department	oes not meet the applicab	date of filing or more to the statutory filing re	(optional) han 90 days after filing quirements, this date	.) Pursuant to 605.0207 (will not be listed as t
record spec I is filed.	cifies a delayed effective date	e, but not an effective tim	e, at 12:01 a.m. on t	he earlier of: (b) Th	ne 90th day after the
Dated	Jarch 25	ature of a member or author	Zed représentative of a	member	
	Thank	Hernana	Nez M	on drag	$\alpha \sim$

Filing Fee: \$25.00