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(Re	questor's Name)	-
(Ad	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nam	ee)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	
	Office Use Onl	v



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SECREMENT OF ANTHUE

COVER LETTER

ection rporations		
.c		
Name of Litr	nited Liability Company	
f Amendment and fee(s) are sub	omitted for filing.	
	_	
Derriek Barra		
	Name of Person	
MLEM LLC		
•	Firm/Company	····
15412 Bigelow Street		
	Address	
Winter Garden, FL 34787		2024 SEC TA
· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	
derrickbarra@gmail.com		<u> </u>
	·	2024 JAN 30 AN II: 42 SECRE LERY SEE FL
	386 627-5820	1:42
of Person		Telephone Number
the following amount:		
□ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed)
<u>ss:</u> Section	Street Address: Registration Sec	ction
Corporations	Division of Corp	porations
		allahassee : Street, Suite 810
	Name of Lin Amendment and fee(s) are subsondence concerning this matter Detrick Barra MLEM ELC 15412 Bigelow Street Winter Garden, FL 34787 detrickbarra@gmail.com E-mail address: (concerning this matter, please concerning this matter, please concerning this matter, please concerning this matter of Status	Name of Limited Liability Company

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MLEM LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it nos, appears on our record Liability Company)	<u> </u>
he Articles of Organization for this Limited Liability Company lorida document number 1.24000029601	were filed on 01/16/24	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	oility company here:	
he new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC"	" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		·>
-		
20 11 20 11		$\frac{1}{\omega}$
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	.	
		17. IV
. If amending the registered agent and/or registered office	address on our records, enter	the name of the new regis
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flo	orida
	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 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	<u>Address</u>	Type of Action
COO	Katie Elizabeth Frunker	421 East Robinson Street	= Add
		Orlando FL 32801	□Remove
			☐ Change
			🗀 Add
			□Remove
			□Change
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			□Remove
			Change

•	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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•	
(If an ef Note:	tive date, if other than the date of filing:
he recor ord is fi	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of; (b) The 90th day after the ded.
Dated	·
	Derrick Barra
	Signature of a member or authorized representative of a member
	Derrick Barra

Filing Fee: \$25.00