L24000076175

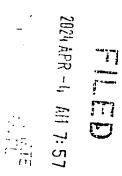
(Requestor's Name)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					





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COVER LETTER

то:	Registration Sc Division of Cor			
SUBJE		MEGS LLC		
SUBJE.	<u> </u>	Name of Lim	ited Liability Company	
The enc	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		MEAGAN DIXON		
			Name of Person	
			Firm/Company	
		4016 BETTIAN AVE		
			Address	· · · · · · · · · · · · · · · · · · ·
		MILTON, FL 32583		
			City/State and Zip Code	
		KEVIN@WARRFORESTE		
		E-mail address; (to be used for future annual repo	ort notification)
For furt	her information e	oncerning this matter, please ca	all:	
КЕГТН	STH BARRY			
	Name o	f Person	Area Code I	Daytime Telephone Number
Enclose	ed is a check for the	ne following amount:		
■ \$25	5.00 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 Status & Certified Copy tadditional copy is enclosed

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

NAILD BY MEGS LLC

(Name of the Limited Liability Company as it now appears on our resides)? -/

(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our Yeedre Liability Company)	ESK -1, 科 7:57	
The Articles of Organization for this Limited Liability Compan- Florida document number <u>L24000076175</u> .	·	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
The new name must be distinguishable and contain the words "Limited Liab	ility Company." the designation "LLC	" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	8285 N PALAFOX ST		
Principal office address MUST BE A STREET ADDRESS)	STE C		
	PENSACOLA, FL 32534		
Enter new mailing address, if applicable:	4016 BETTIAN AVE		
(Mailing address MAY BE A POST OFFICE BOX)	MILTON, F1, 32583		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:		the name of the new regis	
Name of New Registered Agent: MEAGAN DI	MEAGAN DIXON		
New Registered Office Address: 4016 BETTIA			
	Enter Florida street addre:	NS.	
MILTON	-	orida <u>32583</u>	
	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 Changing Registered Agent, Signature of New Registered Agent

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>	<u>Address</u>	Type of Action
MGR	MEAGAN DIXON	4016 BETTIAN AVE	
		MILTON, FL 32583	□Remove
			■ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
•			□Add
			□Remove
			☐ Change
			□Remove
			☐ Change
			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) CORRECTING ADDRESSES AND SPELLING OF NAME CORRECT NAME IS MEAGAN DIXON E. Effective date, if other than the date of filing: ______ (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. Dated APRIL 2 2024 Signature of a member or authorized representative of a member MEAGAN DIXON

Filing Fee: \$25.00

Typed or printed name of signee