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COVER LETTER

Tallahassee, FL 32314

TO: Registration Sec Division of Cor			·
	MURTWA	VH2M, LLC	
SUBJECT:		ited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Desi K	ellermann	
		Name of Person	
	Kellerma	Name of Person Inn Varelal Firm/Company	
	<i></i>	Firm/Company	
	1/11-Linea	oln Rd Ste 30/B	•
		Address	
	Miami Be	oach Pl 33139	,
		City/State and Zip Code	
	E-mail address: (to be used for future annual report noti	fication)
For further information co	oncerning this matter, please ca	all:	-
Desik	ellemann	ar (305) 678	13134
Name o	f Person		e Telephone Number
Enclosed is a check for th	ne following amount:		;
\$25.00 Filing Fee	☐ \$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 (additional copy is enclosed)
Mailing Addres		Street Address:	otion
Registration S Division of C		Registration Se Division of Cor	
P.O. Box 632		The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our record Jiability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Company Florida document number <u>L24000/14740</u> .	were filed on <u>March</u>	6,2024 and assigned
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 Liabil		
Enter new principal offices address, if applicable:	400 Alton Rd, Miami Beach F	THZM
(Principal office address MUST BE A STREET ADDRESS)	Miami Beach 7	133139
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>enter</u>	the name of the new register
agent and/or the new registered office address here.		
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street addres	s &
	, Florida City Zip Code	
		Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete	ee to act in this capacity. I fu performance of my duties, an	rther agree to comply with ad 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
			□Add
			□Remove
			□ Add
			□Remove
			□Change
			□Add
			□ Remove
			☐Change
			□Remove
			□Change
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f an effective date is liste Note: If the date inser	ter than the date of filed, the date must be specific red in this block does not date on the Department of	and cannot be prior to di ot meet the applicable	ate of filing or more than statutory filing require	(optional) 90 days after filing.) Pursua ements, this date will no	unt to 605.020 of be listed a
record specifies a del	layed effective date, but				
d is filed.					
d is filed.	arch 15	2024			
d is filed.	Elijah				