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COVER LETTER

	Registration Sect Division of Corp				
		MUS LLC		*	
SUBJEC	T:	Name of Limit	ed Liability Company		
The enclo	osed Articles of A	mendment and fee(s) are subn	nitted for filing.		
Please re	turn all correspon	dence concerning this matter t	o the following:		
		LIZ ADRIANA JIMENEZ			
			Name of Person		
		L&J ACCOUNTING INC			
EXPELLIARMUS LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: LIZ ADRIANA JIMENEZ Name of Person					
		13499 BISCAYNE BLVD	SUITE M4		
			Address		
		NORTH MIAMI, FLORID	A 33181	1.	
			City/State and Zip Code	—————————————————————————————————————	
		E-mail address: (t	o be used for future annual report notification)	·*	
For furth	ier information co	ncerning this matter, please ca	di:	; ;	
LIZ AD	RIANA JIMENE	z 	at (
_	Name of	Person	Area Code Daytime Telephone	Number	
Enclosed	d is a check for th	e following amount:			
■ \$25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	50.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)	

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address:
Registration Section
Division of Corporations The Centre of Tailahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EXPELLIARMUS LLC	
(Name of the Limited Liability Company as it now app (A Florida Limited Liability Company	ocars on our records.) y)
The Articles of Organization for this Limited Liability Company were filed on Florida document number L24000139049	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	<u>, here</u> :
The new name must be distinguishable and contain the words "Limited Liability Company," d	he designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2021 E
B. If amending the registered agent and/or registered office address on ou	ur records, enter the name of the new regist
agent and/or the new registered office address here:	ί; .:
Name of New Registered Agent:	<u> </u>
New Registered Office Address: Enter	· Florida street address
	, Florida
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>	<u>Name</u>	Address	Type of Action
AMBR	JOSEFINA MADDEO	13499 BISCAYNE BLVD STE M4	□Add
		NORTH MIAMI, FLORIDA 33181	Remove
			Change
AMBR	JOSEFINA NADDEO	13499 BISCAYNE BLVD STE M4	= Add
		NORTH MIAMI, FLORIDA 33181	□Remove
			Change
			□Add
			□ Remove
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ective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date of filing or more to te: If the date inserted in this block does not meet the applicable statutory filing recument's effective date on the Department of State's records.	iquirements, uno		
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Filing Fee: \$25.00