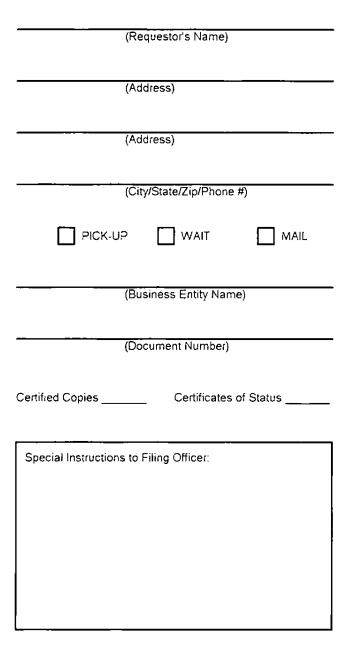
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SEGNETION OF STATE

COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT: MO	d Meduso Name of Limi	a Monagement of ted Liability Company	ent LLC
The enclosed Articles of Ai	mendment and fee(s) are sub-	nitted for filing.	
Please return all correspond	lence concerning this matter (to the following:	
·	·	C	
	Stepha	nic Barker	
		Name of Person	
		Firm/Company	
	1117 Wood	ela Lane	
	1117 Wood	Address	
	middleto	wn DE 19-	709
	goldyloc	City/State and Zip Code KS 72 G g mail. o be used for future annual report notific	Com
For further information con Stepha Trou Ba			
Name of P	erson	Area Code Daytime	Telephone Number
Enclosed is a check for the			
S25.00 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 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

mad me	edusa	Manager	nent l	10	
(Name of the Limite	d Liability Compa A Florida Limited L	ny as it now appears on o liability Company)	ur records.)	· · ·	
The Articles of Organization for this Limited Lie Florida document number	ability Company	were filed on	17/2024	and ass	igned
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of					
The new name must be distinguishable and contain the wo	ords "Limited Liabil			ibbreviation "L.1	L.C."
Enter new principal offices address, if applica	able:	1117 WOOD	lela La	ne	
(Principal office address MUST BE A STREE	T ADDRESS)	middleto	own DE	= 1970	<u> 29</u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	<i>ROV</i> 1			2024 M	
Manning dauress MAT BE AT OST OFFICE E	<u>507)</u>	-	-		
B. If amending the registered agent and/or reagent and/or the new registered office address	egistered office a s here:	address on our record	is, enter the nam	္ႏွင့္ မွ	registered
Name of New Registered Agent:	<u>Jaz</u>	emina T	Toleato	OS	
New Registered Office Address:	400	1 Jensen Enter Florida str	LONG.	· •	
	Land Ols		, Florida	3403 Zip Code	8

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>	Name	Address	Type of Action
			□Add
			□ Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change
			□Add
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`an eff <u>Vote:</u>	ive date, if other than the date of filing: 5 3 2 0 2 4 (optional) ective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as sent's effective date on the Department of State's records.
recor I is fil	d 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 led.
ated-	April 22 2024
	Signature of a member or authorized representative of a member
	Stephanie Barker
	$\rightarrow (\omega r)(\omega r)(t)$

Filing Fee: \$25.00