L24000181109

(Re	equestor's Name)	
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(Cir	ty/State/Zip/Phone	#)
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(Do	ocument Number)	
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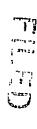


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COVER LETTER

TO: Registration 5 Division of Co			
	LANDS JOURNEY LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	oondence concerning this matter	to the following:	
	ANCIZAR ALZATE		
		Name of Person	
	MYSTIC LANDS JOURN	EY LLC	
		Firm/Company	
	318 ALBAVILLE LN		
		Address	
	LONGWOOD, FL 32750		
:		City/State and Zip Code	
	CZR2681@ICLOUD.CON E-mail address: (to be used for future annual report notifi	ication)
For further information	concerning this matter, please c	all:	
Ancizar Alzate		407 590-9561	
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addr Registration Division of P.O. Box 63 Tallahassee	Section Corporations 327	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	porations allahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MYSTIC LANDS JOURNEY LLC	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 1.24000181109	were filed on APRIL 17TH, 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	lity Company," the 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)	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the name of the new registere
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	S. 20
hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as position filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this capacity. I further agree to Emply with the performance of my duties, and I am familidr with and 3 provided for in Chapter 605, F.S. Or if this document is

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
MGR	Leonard Johel Cambronero Jimene:	318 Albaville Ln	□Add
		Longwood F4, 32750	■Remove
			□Change
MGR	Jose David Arias Villalobos	318 Albaville Ln	□ Add
		Longwood FL 32750	■Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
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			Change 5
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ffective date, if other than the an effective date is listed, the date must ote: If the date inserted in this blockers.	ick does no	t meet the a	pplicable stati	filing or more the story filing requ	in 90 days after iirements, this	filing.) Pursua date will no	nt to 605.020 it be listed a
ocument's effective date on the De	partment o	f State's rec	ords.				
record specifies a delayed effective f is filed.	date, but n	not an effect	ive time, at 12	:01 a.m. on the	earlier of: (b	The 90th o	day after the
MAY 28TH /		2024				w	2
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Filing Fee: \$25.00

Typed or printed name of signee

ANCIZAR ALZATE