## L24000239191

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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: 3 mand 2 girls Limited Liability Company 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:
Mathew Gase Name of Person  3 mandagirls Limited Liability Campany Firm/Company
1395 Forest Park Stract
Lakeland, Flordia 33803 City/State and Zip Code
3 mand 2 girls Camal Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Mathew Gase at (863) 899 - 547  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee S2 Certificate of Status Certified Copy (additional copy is enclosed)  S60.00 Filing Fee. Certificate of Status S255.00 Filing Fee S2 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

lability Company as it now appears on our records. lorida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 5/20/2054 Florida document number L24000239194 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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.

Cin

If Changing Registered Agent, Signature of New Registered Agent

	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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	I originally whote out Limited Liability
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	I would prefer
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lfan effectiv <u>Note:</u> If th	date, if other than the date of filing:
e record sp rd is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	Mathew Scal  Signature of a member or authorized representative of a member
	Mathew Sano
	Signature of a member or authorized representative of a member  Mathew Gase  Typed or printed name of signee
	Mathaul Gase
	Typed or printed name of signee