

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

 $\{((1124000222149.3))\}$



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : VCORP SERVICES, LLC

Account Number : I20080200067 Phone : (845)425-0077 Fax Number : (845)818-3588

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **MYRCIANTHES, LLC**

......

Certificate of Status	()
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

T. LEMIEUX

JUN 2 8 2024

To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WYRCIANTHES, LLC	**	
	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number <u>L24000259895</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	rited liability company here:	
·	nited 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 ADDR	RESS)) :
Termitpa oppice damess Messi DL A STREET ADDR	<u> </u>	200
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		と 1年 日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our records, enter the maine of the new iress here:	5
Name of New Registered Agent:		
New Registered Office Address	EnterFloridastreetaddress	
	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>	Name	<u>Address</u>	Type of Action
MGR	Michael Foster	4285 S DOUGLAS RD.	
		MIAMI, FL 33133	■ Remove
			Change
MGR ERITHALIS, LI.	ERITHALIS, LLC	4285 S DOUGLAS RD.	⊒ Add
		MIAMI, FL 33133	Remove
			Change
			Add
			Remove
			☐ Change
			O Add
			☐ Remove
			☐ Change
	***	****	
			☐ Remove
			☐ Change
			☐ Remove
		···	☐ Change

	* Page: 4*of 4	2024-06-27 18:42,55 GMT	18886118813	From: Vcorp Services
D. If a	imending any other inform	ation, enter change(s) here: (Attach	additional sheets, if necessary,)
	7-1-1-1			
	ر نیرین در به در به در			
	AMERICANA PROPER A REPRESENTATIVA AND A PRINCIPAL SERVICE AND A STAND AND A STAND AND AND A STAND AND AND A STAND A STAND AND A STAND AND A STAND AND A STAND AND A STAND A STAND A STAND A STAND A ST			and annual region that the Samuel annual ann

	A COMMAN COMMAN PARENT OF A COMMAN	The state of the s		
	**************************************			***
				ويرون والمتاريخ المراود والمتاريخ المراود والمتاريخ المراود والمتارخ المارود والمتارخ المارود والمتارخ المارود والمتارخ المارود والمتارخ المارود والمتارخ المارود والمتارخ المتارخ الم
				and the second s
	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		

E. Effe	ective date, if other than the	e date of filing:	(entional)	
(II an	effective date is listed, the date mu	e date of filing:	ng or more than 90 days after filing) [Pursuant to 605,0207 (3)(b)
No.	te: If the date inserted in this b innent's effective date on the I	lock does not meet the applicable statuto	ry filing requirements, this date w	ill not be listed as the
disc	innesses effective date of the s	repairment of State's records.		
If the	record specifies a delaye	d effective date, but not an effec	tive time, at 12:01 a.m. or	n the earlier of:
(b) T	he 90th day after the red	ford is filed.		
Data	ed	2024		
Can		1		
	1000 to 1000 t	Signature of a member by authorized repress	mission of a mambas	4 × 4 *********************************
		Signature of a memory of authorized topics.	manys or a inspired	
	Michael Foster			
		Typed or printed name of si	žuce.	