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COVER LETTER

TO: Registration Section

Tallahassee, FL 32314

Division of Corpo	rations		
SUBJECT: Mois	Son Manageman-	t LLC ited Liability Company	
The enclosed Articles of An	nendment and fee(s) are sub-	mitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
	Lament C I	DOUX	
	2-101-11	Name of Person	
		,	
	<u>Maison</u> N	rangement LLC	
		Mrm/Company	
	4341 cm 20134	strant Fact Landada	0 El 37211
	10 10 30 30	Street, Fort Landarda Address	16,60 20314
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	. ~ ^	City/State and Zip Code	
-	into & Maisor	7 - Management : Con to be used for future annual report notific	<u> </u>
			cation)
For further information conc	cerning this matter, please ca	ıll:	
Laurent C. Da	Tox	-15 154 - N	553
Name of Pe	erson	at (<u>34 7</u>) <u>434 - 0°</u> Area Code Daytime	Telephone Number
			-
Enclosed is a check for the f	ollowing amount:		
☑ \$25.00 Filing Fee	□ S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
No. of the second second			
Mailing Address: Registration Sec	ction	Street Address: Registration Sect	ion
Division of Corp		Division of Corp	
P.O. Box 6327		The Centre of Ta	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability (A Florida Li	YUrit LLC Company as it now appears on our re imited Liability Company)	cords.)
The Articles of Organization for this Limited Liability Con	npany were filed on <u>06-19-</u>	and assigned
Florida document number 99-3590799		,
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	•	202
(Principal office address MUST BE A STREET ADDRES	<u></u>	
		1
		- 7
Enter new mailing address, if applicable:		- ·
(Mailing address MAY BE A POST OFFICE BOX)		 (N)
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, <u>en</u>	ter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street add	dress
		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
P/MGR	LAURENT C DOUX	:1340 SU 50+11 St	= Add
		- 1340 Sul 50+11 St Fort Lauderchie FL3	3314 DRemove
			□Change
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			Remove
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	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ve date, if other than the date of filing:
record d is file	I 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
Dated _	Sune 21st 2024
	Signature of a member or authorized representative of a member
	Stephanie Kelly Bianchi Typed or printed name of signee

Filing Fee: \$25.00