

L24000384399

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

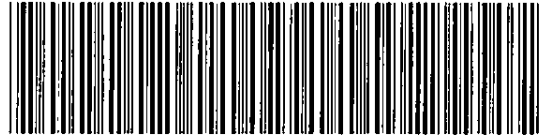
(Document Number)

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Profit - Nonprofit

Office Use Only



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08/13/24--01011--016 **43.75

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SECRETARY OF STATE
TALLAHASSEE, FL

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12/09/2024
me



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 21, 2024

ADIKA RIVERA
11806 BRUCE B. DOWNS BLVD. #1058
TAMPA, FL 33612

SUBJECT: MWASAA ISLAND GARDEN, LLC
Ref. Number: L24000384399

We have received your document for MWASAA ISLAND GARDEN, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Our records show no entity by this name.

WE DO NOT HAVE THE ENTITY MWASAA ITAL GARDEN IN OUR SYSTEM.
WE HAVE ENTITY MWASAA ISLAND GARDEN LLC THE DOCUMENT
NUMBER IS L24000384399.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler
Regulatory Specialist II

Letter Number: 724A00025517

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TALLAHASSEE, FL

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TO: Registration Section
Division of Corporations

ORIGINAL L24000384399 Mwasaa Island Garden LLC
W24000134617

SUBJECT: mwasaa island garden, LLC
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:

Adika Rivera

Name of Person

Mwasaa Ital Garden LLC

Firm/Company

11806 Bruce B. Downs Blvd. #1058

Address

Tampa, FL 33612

City/State and Zip Code

Ladycurtis03@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Adika Rivera

Name of Person

at (813)

Area Code

547-9450

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 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

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TALLAHASSEE, FL
&

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REC.
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TO
ARTICLES OF ORGANIZATION
OF

Mwasaa Island Garden, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 9/3/2024 and assigned
Florida document number L24000384399

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Mwasaa Ital Garden LLC
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

City

Florida

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 Changing Registered Agent, Signature of New Registered Agent

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TALLAHASSEE, FL

_____ of each person being add

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
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_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

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2024/DEC
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2024/DEC-9 PM 1:53
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TALLAHASSEE FL
Pursuant to 605.02
will not be listed

71
-
-
-
-

Dated November 2, 2024

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00

11/21/24 CORPORATE DETAIL RECORD SCREEN 1:33 PM
NUMBER: W24000139617 REJECTED FILING REJ: 10/11/2024
NAME : MWASAA ISLAND GARDEN
CROSS REF: MWASAA ITAL GARDEN
SUBMIT BY: ANISSA BUTLER
DOCUMENT NUMBER: L24000384399
USER ID : ABUTLER DOCUMENT TYPE : NAME CHANGE

1. MENU, 7. LIST, 8. NEXT, 9. PREV

ENTER SELECTION AND CR:

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TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 20, 2024

ODELINA ALTHEA MALONE
12000 BISCAYNE BLVD
SUITE 305
MIAMI, FL 33181

SUBJECT: MASADA HOME CARE, INC.
Ref. Number: N97000000936

We have received your document for MASADA HOME CARE, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA NON-PROFIT CORPORATION. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler
Regulatory Specialist II

Letter Number: 724A00018499

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