09/11/2024 Page: 1

03:17 PM

TO:18506176383 FROM:4079449857

Division of Corporations

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.

(((H24000309925 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: ATHENA BUSINESS AND TAX ADVISORS LLC

Account Number : I20230000123

Phone

: (407)777-2501

Fax Number

: (407)777-2502

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MSA BAAZAR LLC

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Page: 4 09/11/2024 03:17 PM TO:18506176383 FROM:4079449857

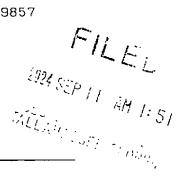
COVER LETTER

TO: Registration Se Division of Cor				
MSA BAA				
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	endence concerning this matter	to the following:		
	ANDREIA GUIMARAES	1		
		Name of Person		
	ATHENA BUSINESS AN	ID TAX ADVISORS LLC		
		Finn/Company		
	7680 UNIVERSAL BLVD STE 100			
		Address		
	ORLANDO, FL 32819			
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code		
	manager@athenataxadvisor			
		to be used for future annual report noti	rication)	
For further information c	oncerning this matter, please c	all:		
ANDREIA GUIMARAES		407 777-2501 at ()		
Name of Person		Area Code Daytim	e Telephone Number	
Enclosed is a check for the	ne 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 Addres		<u>Street Address:</u> Registration Se	ction	
Registration Section Division of Corporations		Division of Corporations		

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Page: 5 09/11/2024 03:17 PM TO:18506176383 FROM:4079449857

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



A 21.6	ПΔ	47A	R 1	

(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 I		n09/03/2024	and assigned
This amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name	of the limited liability compa	ny here:	
The new name must be distinguishable and contain the	words "Limited Liability Company,"	' the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE			
(Making address MAT BE A POST OF FICE			
B. If amending the registered agent and/or agent and/or the new registered office addr		our records, <u>enter the n</u>	ame of the new register
Name of New Registered Agent:	2600 I BUVEDCAL DI VID CTE 100		
New Registered Office Address:			
	ORLANDO	, Florida	32819
		, 1701108	

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

Page: 6 09/11/2024 03:17 PM TO:18506176383 FROM:4079449857

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
			□Add
			Remove
			Change
			Add/
			☐ Change ☐ Add/
			☐ Change
			□Add
			□Remove
			☐ Change
	<u> </u>		□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			DAdd
			□ Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Include the following EIN: 99-4835926 The state of the s E. Effective date, if other than the date of filing: __ (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. SEPTEMBER 10 2024 or authorized representative of a member SIMONE AMARAL GOUVEA

Typed or printed name of signee

Page:

09/11/2024

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