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## **COVER LETTER**

1O:

Registration Section
Division of Corporations

Tallahassee, FL 32314

Musta Ente	rprises LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	William Shankle		
		Name of Person	
		Firm/Company	
	303 SW Shannon St		
	Value Obst. Planta, 20024	Addr <del>e</del> ss	
	Lake City, Florida, 32024		
		City/State and Zip Code	
	wjshankle@gmail.com		
	E-mail address: (	to be used for future annual repo	ort notification)
For further information c	oncerning this matter, please co	all:	
William Shankle		732 278-4: at ()	
Name o	f Person	Area Code I	Daytime Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres	is:	Street Addr	ress:
Registration	_	Registration	on Section
Division of C	-		of Corporations
P.O. Box 632	27	The Centr	e of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability C	Company as it now appears on our re	ecords,)
(A Florida Lin	Company as it now appears on our renited Liability Company)	<del></del> -
The Articles of Organization for this Limited Liability Com	pany were filed on 1/1/2025	and assigned
Florida document number L24000529517		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l 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 ADDRES	<u></u>	<u></u>
		1025 I
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		1 - 11114
		115 - 17T
		φ
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, <u>er</u>	nter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
new registered virtue reduces.	Enter Florida street ad	ddress
		, Florida
<del></del> -	City	Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

Marita Estamaina II.C

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
AMBR	William Shankle	303 SW Shannon St	
		Lake City, Florida	□Remove
		32024	Change
			□Remove
			Change
<del></del>			□Add
			Change
			□ Add
			Change
<del></del>			
			□ Remove
			□ Add
			□Remove
			Change

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ffective date, if other than the an effective date is listed, the date must lote: If the date inserted in this bloocument's effective date on the De	be specific and cannot book does not meet the	applicable statutory	(option or more than 90 days after filing requirements, this	filing.) Pursuant to 605.020
	date but not an effec	ctive time, at 12:01 a	i.m. on the earlier of: (b)	The 90th day after the
	. wie, out not an enec			
is filed.		·		
l is filed.  February 17th  ated	, 2025	·		
record specifies a delayed effective lis filed.  ated February 17th	, 2025	or authorized represent	ative of a member	