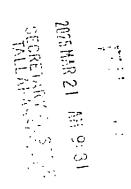


| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer. |
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03/21/25--01015--010 **25.00



COVER LETTER

| TO: Registration Solution of Co | | | | |
|---|--|---|-------------------------------|--------------------|
| Jessica Me | uli LLC | | • | |
| SUBJECT: | Name of Lin | nited Liability Company | | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | | |
| Please return all correspondent | ondence concerning this matter | to the following: | | |
| | Jessica Meuli | | | |
| | | Name of Person | | • |
| | Jessica Meuli LLC | | | 200 |
| | - | Firm/Company | | 罗星 |
| | 12887 Strode Lane | | | 2025 HAR 21 IN 9:3 |
| | | Address | | |
| | Windermere - FL - 34786 | | | |
| | | City/State and Zip Code | | |
| | jessicameuli@outlook.com | | | (** |
| | E-mail address: (| to be used for future annual report | notification) | |
| For further information of | concerning this matter, please c | all: | | |
| Jessica Meuli | | 305 30552795 | 574 | |
| Name c | of Person | | rtime Telephone Number | |
| Enclosed is a check for t | he following amount: | | | |
| ■ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certified | te of Status & |
| Mailing Addres | | Street Address | | |
| Registration Section Division of Corporations | | Registration Division of O | | |
| P.O. Box 632 | | | orporations of Tallahassee | |

Tallahassee, FL 32314

2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Jessica Meuli LLC | | |
|--|---|--|
| (<u>Name of the Limited Liabilit</u> (A Florida | y Company as it now appears on our records. Limited Liability Company) | |
| The Articles of Organization for this Limited Liability C | ompany were filed on 01/30/2025 | and assigned |
| Florida document number L25000054248 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limi | ted liability company here: | <i>5</i> 20 |
| Jessica Souza Meuli LLC | | 温温・古 |
| The new name must be distinguishable and contain the words "Limitation of the contain the contain the words "Limitation of the contain th | ited Liability Company," the designation "LLC" | or the abbreviation P.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDR | ESS) | 25: = |
| | | <u> </u> |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| D. If amonding the registered area and and the resistance | l eff d l | |
| B. If amending the registered agent and/or registered agent and/or the new registered office address here: | office address on our records, <u>enter ti</u> | he name of the new registered |
| | | |
| Name of New Registered Agent: | | <u>. </u> |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | Flor | ida |
| | 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 Changing Registered Agent, Signature of New Registered Agent

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 |
|--------------|-------------|--------------|----------------|
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| fective date, if other than the an effective date is listed, the date muote: If the date inserted in this becament's effective date on the D | st be specific and cannot be proceed to be specific and cannot be proceed to be specified as the specific and cannot be specific and cannot be specific and cannot be specified as the specific and cannot be specific and cannot be specified as the specified as | olicable statutory filing requ | (optional) in 90 days after filing.) Pursuant : irements, this date will not b | no 605.0207 ne listed as |
| ecord specifies a delayed effective is filed. | e date, but not an effectiv | e time, at 12:01 a.m. on the | earlier of: (b) The 90th day | y after the |
| ted February 28th | . 2025 | n thorized representative of a n New rinted name of signee | | |
| | Just Car | neuli | | |
| | Signature of a member or a | athorized representative of a n | nember | - |
| | | | | |

Filing Fee: \$25.00