5000405473

| (Requestor's Name) |
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| (Address) |
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| (Address) |
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| (City/State/Zip/Phone #) |
| |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
| epecial metactions to 1 ming emice. |
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2023 SEP 15 AH 8: 18

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| | |
| FLORIDA CAPITAL COURIER SERVI | CES, INC |
| 2330 CLARE DRIVE | |
| TALLAHASSEE, FL 32309 | |
| (850) 524-54372 | |
| (850) 524-6243 | |
| Please use funds from the account: I2021 | 0000160: \$_25.00 |
| Authorization Signature | |
| 1977 Mesk LLCL25000405473 | |
| Business | Document Number |
| WALK-IN | |
| Certified Copies of the Articles of | Organization |
| Certificate of Status: | |
| NEW FILINGS | <u>AMENDMENTS</u> |
| Profit | _XAmendment |
| Not for Profit | Resignation of R.A. |
| LLC | Change of Registered Agent |
| Domestication | Revocation of Dissolution |
| INC | Conversion |
| CORP | Reinstatement |
| PLLC | Merger |
| | REVOCATION OF DISSOLUTION |
| OTHER FILINGS | REGISTRATION/QUALIFICATIONS |
| OTHER FIGURES | KEGISTRATION/QUAETICATIONS |
| TRANSMITTAL LETTER | Foreign Filing |
| | Partnership |
| Fictitious Name | Reinstated Articles of Organization |
| | Statement of Authority |
| Statement of Authority | |
| TRADEMARK | |
| | Domestication of a Foreign Corp_ |
| Other | |

COVER LETTER

TO: Registration Section

| Division of Cor | porations | | |
|---|--|--|--|
| | | 1977 MESK LLC | |
| SUBJECT: | Name of Lim | ited Liability Company | |
| | Amendment and fee(s) are sub | | |
| Please return all correspo | ndence concerning this matter | to the following. | |
| | ERICA MICHELE | | |
| | | Name of Person | |
| | | Firm/Company | |
| 401 E. JACKSON STREET, SUITE 3300 | | | |
| | | Address | |
| | TAMPA, FL 33602 | | |
| | | City/State and Zip Code | |
| | INFO@ONESPOTDOC.CO | OM to be used for future annual report not | ification) |
| For further information c | oncerning this matter, please c | | |
| RALPH UGARTE | | 407 930-9551 at () | |
| Name o | f Person | Area Code Daytin | ne Telephone Number |
| Enclosed is a check for the | he following amount: | | |
| ■ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Address Registration 1 Division of C P.O. Box 632 | Section Corporations 27 | Street Address: Registration Se Division of Co The Centre of | rporations Tallahassee |
| Tallahassee, | FL 32314 | 2415 N. Monro | oe Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2025 SEP 15 AM 8: 15

| 1977 Mi | ESK LLC | RECESSION OF ANIMAL |
|--|---|------------------------------------|
| (Name of the Limited Liability Com (A Florida Limite | pany as it now appears on our r d Liability Company) | ecords ALL AHASSEE, FLORIDA |
| The Articles of Organization for this Limited Liability Compar | ny were filed on SEPTEMB | ER 2, 2025 and assigned |
| Florida document number L25000405473 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited lis | ability company here: | |
| The new name must be distinguishable and contain the words "Limited Liz | ability 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 offic agent and/or the new registered office address here: | e address on our records, <u>e</u> | nter the name of the new registero |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street o | address |
| | 2 | |
| | Citv | _, 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 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> | Name | Address | Type of Action |
|--------------|------|--------------|----------------|
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| Effecti | ive date, if other than the date of filing: (optional) ective 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)(6) |
| Note: | If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records. |
| docum | the selective date of the Beparanest of Same shootes. |
| | d 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 |
| ord is fil | ed. |
| | |
| | |
| Dated | |