

9/27/23 5:07 PM

Division of Corporations

L21000393068
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H23000340458 3))



H2300034045834BC1

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : MGROUP TAX ADVISOR PLLC
Account Number : 120220000122
Phone : (386)334-2975
Fax Number : (386)243-2345

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

Email Address: PETER@MGROUPADVISOR.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
AFTER YOU LLC

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STATE OF FLORIDA
DIVISION OF CORPORATIONS

SEP 29 2023

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SEP 29 2023

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AFTER YOU 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:

PETER MICELI

Name of Person

MGROUPTAXADVISOR PLLC

Firm/Company

1742 S WOODLAND BLVD. SUITE 609

Address

DELAND, FL 32720

City/State and Zip Code

PETER@MGROUPADVISOR.COM

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

For further information concerning this matter, please call.

PETER MICELI

386 334-2975

at (_____) _____

Name of Person

Area Code

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

H2300034045B3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AFTER YOU 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 08/05/2021 and assigned Florida document number L21000353068.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited 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: 316 LEONI STREET
NEW SMYRNA BEACH, FL 32168
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: PO BOX 490
NEW SMYRNA BEACH, FL 32170
(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:

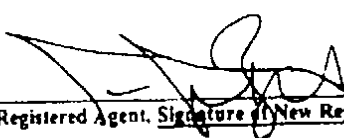
Name of New Registered Agent: JILL J BEATTY

New Registered Office Address: 4580 Colony Road
Enter Florida street address

NEW SMYRNA BEACH, Florida 32168
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

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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>	<u>Address</u>	<u>Type of Action</u>
AMBR	JERRY S. JOHNSON, SR.	316 LEONI STREET	<input checked="" type="checkbox"/> Add
		NEW SMYRNA BEACH, FL 32168	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CHANTEL LOWEN	3545 LEGACY HILLS CT	<input type="checkbox"/> Add
		LONGWOOD, FL 32779	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

H 23 000 340 45B 3

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

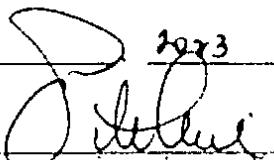
E. Effective date, if other than the date of filing: _____ **(optional)**

(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.

Dated SEPTEMBER 27 2023



Signature of a member or authorized representative of a member

PETER MICELI, AUTHORIZED REPRESENTATIVE

Typed or printed name of signee

H 23 000 340 458 3

Filing Fee: \$25.00