## L22000492950

(Re	questor's Name)	<del></del>
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
ed Copies	_ Certificates	s of Status
al Instructions to	Filing Officer:	
	•	OK, 6 DA

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2022 DEC -5 PH 2: 27

RECEIVED



## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

MODERNIC LLC			
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<u> </u>	·		
<u></u>			
			Art of Inc. File
-		· · · · · · · · · · · · · · · · · · ·	LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			Art. of Amend. File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
Signature			Fictitious Owner Search
Signature			Vehicle Search
		<b>_</b>	Driving Record
Requested by:BA	12/01		UCC 1 or 3 File
	<del></del>	Time	- UCC 11 Search
Name	Date	rime	UCC 11 Retrieval
Walk-In	Will Pick U	Jр	Courier

## **COVER LETTER**

TO:

	egistration Se vision of Cor			
CUDIECT	Modernic	LLC		
SUBJECT	;	Name of Lin	nited Liability Company	
The enclose	ed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please retui	m all correspo	ondence concerning this matter	to the following:	
		David Svec		
			Name of Person	
		Main Street Holdings LLC	2	
			Firm/Company	
		3941 TAMIAMI TRL STI	E 3157 #76	
			Address	
		Punta Gorda, FL 33950		
			City/State and Zip Code	· <del></del>
		dave@mainstreetholdngs.n		
		E-mail address: (	to be used for future annual report no	titication)
For further	information c	oncerning this matter, please c	all:	
David Svec	: - Authorized	Consultant	323 363-6455	
	Name o	f Person		me Telephone Number
Enclosed is	a check for th	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)
	uiling Addres		Street Address:	antion
	egistration S vision of C	orporations	Registration S Division of Co	
Ρ.	O. Box 632	7	The Centre of	-
Ta	illahassee, I	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 DEC -5 AH 9:38

Modernic 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 11/21/2022	and assigned
Florida document number L22000492950		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)		
	<del></del>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, <u>en</u>	ter the name of the new registered
New Registered Office Address:		
New Negistered Office Address.	Enter Florida street ad	dress
	,	Florida
	,	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties provided for in Chapter 60	, and I am familiar with and 05, F.S. Or, if this document is

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
MGR	Christian Rodriguez	4327 S HWY 27 STE 254	
		Clermont, FL 34711	■Remove
			□Change
MGR	Christian Hernandez	4327 S HWY 27 STE 254	≅Add
		Clermont, FL 34711	
			□Change
			□Add
			□Remove
			Change
			□Add
		<del></del>	□Remove
			□Change
<u>_</u>			□Add
			□Remove
			Change
			□Add
		-#1	Remove
			□Change

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Tective date, if other than the in effective date is listed, the date muster. If the date inserted in this blowment's effective date on the D	lock does not meet th	ie applicable sta	f filing or more than 9 tutory filing require	(optional) 0 days after filing.) ments, this date w	Pursuant to 605.020' rill not be listed as
ecord specifies a delayed effectiv	e date, but not an eff	fective time, at 1	2:01 a.m. on the ea	rlier of: (b) The	90th day after the
ecord specifies a delayed effectiv is filed.					90th day after the
ecord specifies a delayed effectiv is filed.					90th day after the
ecord specifies a delayed effectiv					90th day after the

Filing Fee: \$25.00