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S. YOUNG

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COVER LETTER

TO:		tration Sec on of Corp		l			
SUBJEC		10CABOJ0	O ENTERPRISES LLC				
SUBJEC	C1; _		Name of Lim	ited Liability Company			
The encl	losed A	Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please re	eturn al	ll correspon	idence concerning this matter	to the following:			
			CHAD CHAUNCEY				
				Name of Person		· · · · · · · · · · · · · · · · · · ·	
			CHAUNCEY PERONTO	& CO. CPA'S PA			,,
Firm/Company 212 LAKE HARRIS DR Address						6 Fi	
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						16 1.05 22	
			LAKELAND, FL 33813				980 : N. PH
			CHAD@CHAUNCEYCPA				. 06
For furth	her info	ormation co	E-mail address: (ncerning this matter, please ca	to be used for future annual	report notification)	
CHAD			,		8-0123		
	••	Name of	Person	at () Area Code	Daytime Telep	hone Number	_
Enclosed	d is a c	heck for the	e following amount:				
\$25.	.00 Fili	ng Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee of Certified Copy (additional copy is end		□ \$60.00 Filing Certificate of Certified Cop (additional copy	Status &
			NG ADDRESS:		Γ/COURIER AI	ODRESS:	

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MOCABOJO ENTERPRISES LLC		
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L00000003004	were filed on 3/16/2000	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		11.7 mg/s 11.7
(Principal office address MUST BE A STREET ADDRESS)		5 5.5
		5 55
		3 13
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		- <u> </u>
Mulling undress MAT BE A FOST OFFICE BOA		- 5
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		enter the name of the nev
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
	Enter Florida street address	
	, Flori	da
	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>	<u>Address</u>	Type of Action
MGRM	CHRISTOPHER EASLEY	6108 KIPPS COLONY DR W	■ Add
		ST. PETERSBURG, FL 33707	□ Remove
			☐ Change
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fective date, if other than the an effective date is listed, the date must	l ate of filing be specific and	g: i cannot be pri	or to date of fi	ling or more tha	(option n 90 days after fi	1 al) iling.) Pursuant	to 605.0207
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