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COVER LETTER

`TO:

TO: Registration Section Division of Corporations		
SUBJECT: MoJos Backyard, LL	r LĈ	
SUBJECT: O(6) O S CONTROL Name of Limite	ed Liability Company	
The enclosed Articles of Amendment and fee(s) are subm	nitted for filing.	
Please return all correspondence concerning this matter to	o the following:	
Megan Feder	Name of Person	, Ra (a) (c)
MoJor Back	yard, Lic	(; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;
	Firm/Company) (.)
2595 Center	ille Pd	· · · · · · · · · · · · · · · · · · ·
	Address	: :: (r
Tallchassee, Fi	City/State and Zip Code	
E-mail address: (to	to be used for future annual report notification)	
For further information concerning this matter, please ca	all:	
Megan Federico	at (950) 443 – 0677 Area Code Daytime Telephone Number	_
Name of Person	Area code Daytine receptions	
Enclosed is a check for the following amount:		
\$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	te of Status &
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 8	310
(WING MADOS C	Tallahassee, FL 32303	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mojor Backya	ird, LLC		
(Name of the Limit	ed Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited L Florida document number <u>L 04 000 0 (5</u>	ability Company were filed on 0° 33	1/01/2004	_ and assigned
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name o	the limited liability company her	<u>e</u> :	
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the des	signation "LLC" or the abbrev	viation "L.L.C."
Enter new principal offices address, if applic	able:	· - <u>-</u>	7000
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE			.: .: .:
B. If amending the registered agent and/or r		nords ontor the name of	f the new register
agent and/or the new registered office addres	~ :	orus, <u>enter the name o</u>	the new register
Name of New Registered Agent:	Megan Federico		
New Registered Office Address:	2957 Velda Dairy Enter Florid	RA la street address	
/	2957 Velda Dairy Emer Florid Tallahassec City	Florida <u>32</u>	-309 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
MGR	Jones, Dawn K	1317 Ridge Road	□Add
		Monticello, FL 32444	Y Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□ Remove □ Change □ Add
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Note: If the date	if other than the date must be inserted in this blocetive date on the Department	k does not meet i	the applicable st	of filing or more that atutory filing rec	(option nan 90 days after fi nuirements, this o	ling.) Pursuant to 6	05.020 sted as
record specifies d is filed.	s a delayed effective o	late, but not an e	ffective time, at	12:01 a.m. on th	e earlier of: (b)	The 90th day at	ter the
Dated July	1 21	<u>7</u>	2022.				
17	ľ	,					
,	.7	\wedge					
	.7	ignature of a mem	ber or authorized	representative of a	member		