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COYER LETTER

TO:	Registration Sect Division of Corpo	ion prations		≸ n Switzer
STIR IF	T. US	MOM2BE L	1.40	
SODJE	JI	Name of Limi	ted Liability Company	
The encl	osed Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please re	eturn all correspond	lence concerning this matter t	to the following:	
		Natalya	Vi noorade	ove
		East Wes	st Trust	
			Firm/Company	
		500 South	Federal Hwy Address	, ste 84
			Address	
		Kallandas	Address Le Beach, FL City/State and Zip Code be @ gmail.com o be used for future annual report not	, 33009
			City/State and Zip Code	
		USMOM 2	be a gmail.com)
For furti	ner information cor	ncerning this matter, please ca		·
	Name of I	Person	at () Area Code Daytir	ne Telephone Number
Enclose	d 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)
	MAILIN	NG ADDRESS:	STREET/COUR	IER ADDRESS:

TO:

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

USMOM2BE					
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)				
The Articles of Organization for this Limited Liability Company Florida document number <u>L 13000069300</u> .	were filed on May, 10, 2013 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:				
M2B Management LLC The new name must be distinguishable and contain the words "Limited Liabil					
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."				
Enter new principal offices address, if applicable:	500 South Federal Hwy, ste 84, Hallandale Reach, 71, 33008				
(Principal office address MUST BE A STREET ADDRESS)	Hallandale Reach, 71,33008				
Enter new mailing address, if applicable:	300 South Federal Hwy, ste 84, Kallandale Beach, FL, 33008				
(Mailing address MAY BE A POST OFFICE BOX)	Hallandale Beach, FL, 33008				
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here					
registered agent and/or the new registered office address her	<u>e</u> .				
Name of New Registered Agent:					
New Registered Office Address:					
Ten registered office rightess.	Enter Florida street address				
	, Florida City Zip Code				
-	City Zip Code				
New Registered Agent's Signature, if changing Registered Agent:					
I hereby accept the appointment as registered agent and agree 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	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is				
of the state of th					

If Changing Registered Agent, Signature of New Registered Agent

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 **Type of Action Address** Title Title <u>Name</u> 18201 Collins Ave, apt 804, Add
Sunny Isles Beach, 71,33160 Kremove Tetiano Deneko □ Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove □ Change ☐ Add ☐ Remove Remove

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		Sign	rature of a me	ember or author	orized represen	tative of a memb	рег			

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Filing Fee: \$25.00