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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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SECRETARY OF STATE
ALL APPASSED, FLORIDA

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COVER LETTER

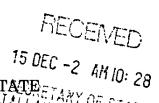
Division of Co		*	
MY MOM SUBJECT:	LLC		
SOBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspond	ondence concerning this matter	to the following:	
	MY MOM, LLC		
	- VIII 1. Timber 1	Name of Person	·
	- 100	Firm/Company	
	747 LENOX AVENUE #3		
		Address	
	MIAMI BEACH, FL 3313	9	
		City/State and Zip Code	
	SOBEMAINTENANCE@G		
	E-mail address: (to be used for future annual report notifi	cation)
For further information (concerning this matter, please co	all:	
Name o	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	S30.00 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/COURIER ADDRESS:

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





FLORIDA DEPARTMENT OF STATE FLARY OF STATE Division of Corporations JALLAHASSEC, FLORIDA

November 17, 2015

MY MOM, LLC 747 LENOX AVENUE #3 MIAMI BEACH, FL 33139

SUBJECT: MY MOM, LLC Ref. Number: L14000142684

We have received your document for MY MOM, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 715A00024273

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MY MOM LLC			
(Name of the Lim	ited Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)	
he Articles of Organization for this Limited lorida document number L14000142684	Liability Company were filed on $\frac{9}{2}$		gned
his amendment is submitted to amend the fol			
. If amending name, enter the new name	of the limited liability company h	ere:	
he new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the abbreviation "L.L	C."
nter new principal offices address, if appli	icable:		
Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE		15.	
	***	DEC.	· · · · ·
			ji Limensk
. If amending the registered agent and egistered agent and/or the new registered of	•		f the
Name of New Registered Agent:	IVONE SARTORI	80A 	
New Registered Office Address:	747 LENOX AVENUE #3		
-	Enter Flo	orida street address	
	MIAMI BEACH	, Florida ³³¹³⁹	
	City	Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

1001101110

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
RA	ISAAC BENMERGUI		Add
		 	■ Remove
			Change
MGR	ISAAC BENMERGUI	···	Add
			■ Remove
			Change
RA	IVONE SARTORI	-	■ Add
			Remove
			☐ Change
		-	
			Add
			Remove
			□ Change
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ective date, if	other than the d	ate of filing:	11/09/2015			(optiona	n ĝij m		K

Page 3 of 3

Filing Fee: \$25.00