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PICK-UP	WAIT MAIL
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Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:

Office Use Only



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COVER LETTER

TO: Registration So Division of Cor				
SUBJECT:	opin the city (<u>. </u>		
<u> </u>	Name of Lim	nited Liability Company		
•				
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Victor	ia Hemander		
		Name of Person		
		Firm/Company		
		Address		ず
		City/State and Zip Code		FILED F STATE
	F-mail address: (to be used for future annual report notif	ication)	吳里 〇
For further information c	oncerning this matter, please c	-		SE 55
Victoria H	ernandez	at(813_)_298-3	2100	<i>?</i> _
Name o	f Person	Area Code Daytime	: Telephone Number	
Enclosed is a check for the	ne following amount:			
着 \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing F Certificate of S Certified Copy (additional copy i	Status &

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limite)	d Liability Company as it no A Florida Limited Liability C	ow appears on our records.) ompany)	
The Articles of Organization for this Limited Lia	ibility Company were file	ed on	and assigned
Florida document number	·		
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liability com	npany here:	
The new name must be distinguishable and contain the wo	rds "Limited Liability Compa	any," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:		4
(Principal office address MUST BE A STREET	<u>ADDRESS)</u>		- =
Enter new mailing address, if applicable:			23 PLE
(Mailing address MAY BE A POST OFFICE B	<u></u>		河名 温 〇
			5 5
B. If amending the registered agent and/o registered agent and/or the new registered offi		dress on our records,	Prin 1
Name of New Registered Agent:	Victoria	Hernande	
New Registered Office Address:	10727 Da	LOTY Aug Enter Florida street address	
	Tanpe	, Flori	da <u>3365</u> 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, Signatore 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:

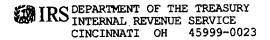
MGR = Manager

<u> Fitle</u>	<u>Name</u>	Address	Type of Action
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Page 3 of 3

Filing Fee: \$25.00



Date of this notice: 01-26-2015

Employer Identification Number:

47-2905060

Form: SS-4

Number of this notice: CP 575 G

MOP IN THE CITY LLC VICTORIA HERNANDEZ SOLE MBR 10727 DOWRY AVE TAMPA, FL 33615

For assistance you may call us at: 1-800-829-4933

Τ-,

IF YOU WRITE, ATTACE THE STUB AT THE END OF THIS NOTICE

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

FSTATE Thank you for applying for an Employer Identification Number (EIN). We assigned EIN 47-2905060. This EIN will identify you, your business accounts, tax returns, and We assigned you documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

- Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is MOPI. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.