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(Re	equestor's Name)	
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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: Got our Mo	jo Working, LLC (previously	Mojo Working, LLC)	
	Name of Limi	ited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Ronald Fernandez		
		Name of Person	
	<u> </u>	Firm/Company	
	PO Box 2495		
		Address	
	Ocala, FL 34478		
	·	City/State and Zip Code	
	rondomojo@aol.com		
	E-mail address: (to be used for future annual report notifi	cation)
For further information of	oncerning this matter, please c	all:	
Ronald Fernandez		at (352) 482-0777	
Name o	f Person	at (352) 482-0777 Area Code Daytime	Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy	□ \$60.00 Filing Fee, Certificate of Status &
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
MAII	ING ADDDESS:	of Street/Colldin	ED ADDDECC.

MAILING ADDRESS:

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

FILED 2015 AUG 26 PM 2: 26

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Got our Mojo Working, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company w	ere filed on 8/4/15	and assigned			
Florida document number <u>LISOOO 14031616</u>					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabili	ty company here:				
Mojo Family, LLC					
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "L	LC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)					
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here: Name of New Registered Agent:		rds, enter the name of the new			
New Registered Office Address:					
	Enter Florida street address				
	,	Florida Zip Code			
New Registered Agent's Signature, if changing Registered Agent:	Cuy	Zip Code			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office of company has been notified in writing of this change.	erformance of my duties, ovided for in Chapter 60	and I am familiar with and 15, F.S. Or, if this document is			

MGR = N $AMBR = A$	Anager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
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Filing Fee: \$25.00