

L16000053428

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

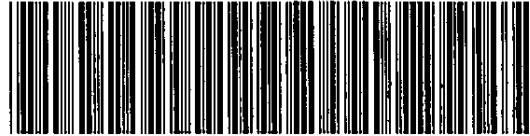
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE FLORIDA

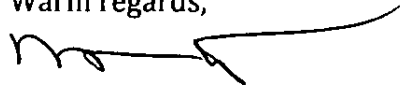
*Handwritten signature and initials*

Cover letter

Mojeh Unger  
7452 18<sup>th</sup> Street NE  
St. Petersburg, Florida 33702  
Cell 727-642-8496  
Email: [Mojeh@tampabay.rr.com](mailto:Mojeh@tampabay.rr.com)

Please change my LLC name from M.U. Enterprises, LLC to Mojeh Unger, LLC.  
I am required to have my first and last name included in the LLC as a realtor.

Warm regards,

A handwritten signature in black ink, appearing to read 'Mojeh Unger', with a long horizontal flourish extending to the right.

Mojeh Unger

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Name Now: M.U. Enterprises, LLC  
Name of Limited Liability Company  
New Name: Mojeh Unger, LLC

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mojeh Unger  
Name of Person

Mojeh Unger, LLC  
Firm/Company

7452 18th Street NE  
Address

St. Pete, FL 33702  
City/State and Zip Code

Mojeh@Tampa bay, cc.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mojeh Unger at 727 642-8496  
Name of Person Area Code Daytime Telephone Number

Enclosed 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)

**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**

M.U. Enterprises, LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
2016 MAY -4 AM 9:06  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

The Articles of Organization for this Limited Liability Company were filed on 3/15/2016 and assigned  
Florida document number L16000053428

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here: Mojeu Unger, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" 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 office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

\_\_\_\_\_, Florida \_\_\_\_\_  
City 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.*

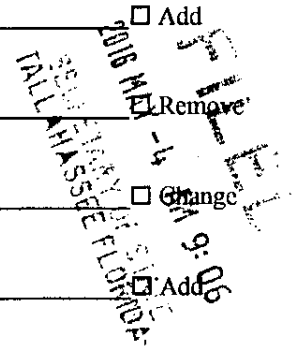
If Changing Registered Agent, Signature of New Registered Agent

" or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change



**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

[illegible]

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 5/2/16, \_\_\_\_\_

Signature of a member or authorized representative of a member

Typed or printed name of signee

FILED  
2016 MAY -4 AM 9:06  
SEVENTH JUDICIAL CIRCUIT  
TALLAHASSEE, FLORIDA