## L16000119308

(Requestor's	Name)
(Address)	
(Address)	
(City/State/Zi	p/Phone #)
PICK-UP W	AIT MAIL
(Business En	tity Name)
(Document N	umber)
Certified Copies Cer	tificates of Status
Special Instructions to Filing Office	per:

Office Use Only



900314891249

06/29/18--01020--022 \*\*25.00

ALLARTO SINE

2010 JUH 29 AM II: 15

B FIGUEROA JUL 0 5 2018

## COVER LÈTTER

	Registration Se Division of Cor			
SUBJEC	MICHAEL	JORDAN VENTURES LLC		
SC DS1.C	···	Name of Lim	ited Liability Company	<del></del>
		Amendment and fee(s) are sub indence concerning this matter	<u>-</u>	
		Michael Moranz		
			Name of Person	<del></del>
		Michael Jordan Venture	S	
			Firm/Company	
		7900 GLADES RD SUIT	E 220	
		<del></del>	Address	·
		BOCA RATON, FL 3343	4	
		·	City/State and Zip Code	<del></del>
		accounting@themojomed		
		E-mail address: (	to be used for future annual report no	otification)
For furth	er information c	oncerning this matter, please ca	all:	
Michael	Moranz		561 886-8077	
	Name o	f Person		me Telephone Number
Enclosed	is a check for th	ne following amount:		
<b>□</b> \$25.0	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)
		ING ADDRESS:	STREET/COUR	RIER ADDRESS:

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

TO:

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 Limited Liability Company (A Florida Limited Lia	as it now a bility Comp	ppears on o any)	ur records.	)		
The Articles of Organization for this Limited Liability Company were filed on 06/21/2016  Florida document number L16000119308				_ and as	signed	
his amendment is submitted to amend the following:						
. If amending name, enter the new name of the limited liabili	ty compar	ny here:				
he new name must be distinguishable and contain the words "Limited Liability	Company,"	the designa	tion "LLC"	or the abbrev	riation "1	LC."
nter new principal offices address, if applicable:				35	2010	
Principal office address MUST BE A STREET ADDRESS)		-		22.5	JUN	,
				n	29	ŗ
						j"t
nter new mailing address, if applicable:			_	بان حد	AM II:	<u>(                                    </u>
Mailing address MAY BE A POST OFFICE BOX)				= = = = = = = = = = = = = = = = = = = =	6_	-
. If amending the registered agent and/or registered office address here:	ce addres	s on our	records,	enter the	na <u>me</u>	of the
Name of New Registered Agent:						_
New Registered Office Address:						
	Ente	r Florida str	ect address			•

## 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.

Cin

If Changing Registered Agent. Signature of New Registered Agent

Zip Code

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
MGR	Chibbs, LLC	10790 NW 14th St #194	<b>=</b> Add
		Plantation, FL 33322	☐ Remove
		<del></del>	Change
		<del></del>	□ Remove
		<del></del>	Change
	<del></del>		
			□ Remove
			Change
			Ađd
			Remove
			Change
			□ Remove
			Change
	<del></del>		
			Remove
			□ Change

Only add	ing another MGR					
				_		
<del></del>	<del></del>					
_				-		
	<del></del>		<del>.</del>			<del></del>
			<del> </del>		<u></u>	~
						<u>ਛ</u>
					<u>। । । । । । । । । । । । । । । । । । । </u>	_ <del></del>
					<u>***</u>	. 29
						A.
- <del>-</del>				<del></del>	, - U	
-	<del></del>				95	
					5.	σ
	-		_	· · · · · · · · · · · · · · · · · · ·		
1						
<del></del>			- <del></del> -			
E. Effective date,	if usbanshan sha	data of Glica.				
(If an effective date	is listed, the date must	t be specific and cannot	be prior to date of f	ling or more than 90 c	_ (optional) lays after filing.) Purs	uant to 605.0
Note: If the dat	e inserted in this blo ctive date on the De	ock does not meet the partment of State's	e applicable statut	ory filing requireme	ents, this date will i	not be listed
document to erre	tive date on the fre	partment of State 3	records.			
If the record spe	erifies a delayed	effective cato	hut not an offe	ective time at 1	2:01 2 ~ ~ ~ +	ho aselis-
(b) The 90th da	ay after the reco	ord is filed.	but not an ene	ective time, at 1	2.01 8.111, 011 (	ne earner
June 27	th	201	8			
			1/1/1/			
		<del></del>		sentative of a membe		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00