16000144626

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Only State) Elph Hone Ny
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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7/8/21



COVER LETTER

TO: Registration Section Division of Corporation	ons		•
SUBJECT: Mogo	Baron Ll	nited Liability Company	i.
J	Name of Lin	nited Liability Company	
The enclosed Articles of Amend	ment and fee(s) are sul	omitted for filing.	
Please return all correspondence	concerning this matter	to the following:	
_	teremiah	Bacon Name of Person	
Je	remiuh o	CO. commercia	I Real Estate 110
40	SW Flac	Her Ave. Suit 3	01
<u>S</u>		City/State and Zip Code	
		to be used for future annual report not	itedion)
For further information concerning	g this matter, please c	all:	
Jerem wh Bar Name of Person	<u> </u>	at (<u>777</u>) <u>286</u> Area Code Daytin	- S744 ne Telephone Number
Enclosed is a check for the follow	ing amount:		
-	0.00 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		Street Address: Registration Se	ction
Division of Corporat	ions	Division of Cor	
P.O. Box 6327	•	The Centre of T	
Tallahassee, FL 3231	4	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Mogo Ba	von LLC
(<u>Name of the Limit</u>	Von LLC ited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Life Florida document number	iability Company were filed on $8/2/2016$ and assigned 44626
This amendment is submitted to amend the folk	
A. If amending name, enter the new name of	of the limited liability company here:
The new name must be distinguishable and contain the w	words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applications	cable:
(Principal office address MUST BE A STREE	ET ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	BOX)
B. If amending the registered agent and/or reagent and/or the new registered office address	
Name of New Registered Agent:	Jeremiah Baron
New Registered Office Address:	Jeremiah Baron 49 Sw Flagler Ave. Suit. 301 Enter Blorida street address Stourt Florida 34994
	Stourt Florida 34994 City Zip Code
New Registered Agent's Signature, if changing R	

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 Chapging 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 of removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Matthew Kobbe gard	49 SW Flagher Ave.	□Add
		49 SW Flagher Ave. Soit. 301. Strart, FL	· ⊵Remove
		34994	
 			□Add
			□Remove
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ective date, if other tha	n the date of f	īline:		(ontional)
effective date is listed, the di	ate must be specific	e and cannot be prior	to date of filing or me	re than 90 days after filing	2.) Pursuant to 605.020
 e: If the date inserted in ament's effective date on 	the Department	of State's records.	able statutory ming	requirements, this date	2 WIII not be listed a
ord specifies a delayed e	ffective date, but	not an effective ti	me, at 12:01 a.m. o	n the earlier of: (b) T	he 90th day after th
filed.					- 1
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ed	10	<u>WV</u>] .		
		//	/		
	Signature o	of a member/or autho	rized representative of	f a member	— ∴ つ
				refer	wan boo