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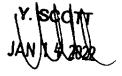


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Y. SCOTT JAN 2 1 2022



COVER LETTER

Division of C				
SUBJECT:	moshe 7100	LLC		
· · · · · · · · · · · · · · · · · · ·	Name of Li	mited Liability Company	·	
The enclosed Articles	of Amendment and fee(s) are su	ebmitted for filing.		
Please return all corres	pondence concerning this matte	er to the following:		
	m	The mesicka Name of Person		
	m	oshe 7/00 LLC		
		F E Plantation cl		2022
				2022 JAN 14 PM 3: 10
		lactation LL 33331 City/State and Zip Code	<u>1</u>	- I
	E-mail address:	114 Oamal. Com	notification)	i 3. €
For further information	a concerning this matter, please	call:	. <u> </u>	0
Name	IVI+	at (<u>959</u>) <u>7.</u> Area Code Da	38-0303 ytime Telephone Number	
Enclosed is a check for	r the following amount:			
S.\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing F Certificate of S Certified Copy tadditional copy is	Status &
Mailing Addi		Street Address		
Registration Division of	n Section Corporations	Registration Division of 6	Section Corporations	
P.O. Box 6:	•		of Tallahassee	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

moshe 7100) LLC	
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	oany <u>as it now appears on our records.</u> Liability Company)	
The Articles of Organization for this Limited Liability Compan Florida document number	y were filed on	0/6 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liah	oility 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	P.o. box 16062 Plantation LL 32 address on our records, enter the	2022 JAN FINANCIA SET STANDS OF STAN
agent and/or the new registered office address here:	-	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
		ida
	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 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
			□Add
			□Remove
			□Change
			🗆 Add
		——————————————————————————————————————	Remove
		ALL OF STA	
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ective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to dete: If the date inserted in this block does not meet the applicable cument's effective date on the Department of State's records.	(optional) date of filing or more than 90 days after filing.) Pursuant to 605.02 e statutory filing requirements, this date will not be listed
cord specifies a delayed effective date, but not an effective time, s filed.	, at 12:01 a.m. on the earlier of: (b) The 90th day after th
ed 1/1/ . 2022	
	ed representative of a member

Filing Fee: \$25.00