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COVER LETTER

TO:	Registration Secti Division of Corpo				
SUBJE	CT: M	OCHA ENTERPRISES L	LC		
		Name of Limite	ed Liability Company		
		nendment and fee(s) are subm	-		
		PETER PREVI	ГІ		
			Name of Person		
LAW OFFICE OF PETER PREVITI					
			Firm/Company		
		5825 SUNSET	T DRIVE, SUITE 210		
			Address		
		SOUTH MIAM	I, FLORIDA 33143		
			City/State and Zip Code		
		PETER@PNLAV	NPA.COM be used for future annual report notific	ation)	
For fur	ther information cor	acerning this matter, please cal			
PE	TER PREVITI		at (305) 662-9504		
	Name of I	Person	Area Code Daytime	Telephone Number	
Enclos	ed is a check for the	following amount:			
⊠ \$2.	5.00 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

MOCHA ENTERPRISES LLC		
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Liability Company w	ere filed onFEBRUARY 7, 2017	and assigned
Florida document number L17000030701		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:	75 NW 51 STREET	
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FLORIDA 33127	
	**************************************	The second secon
		and the second s
Enter new mailing address, if applicable:		<u></u> ;
(Mailing address MAY BE A POST OFFICE BOX)		- P (3)
		(원
B. If amending the registered agent and/or registered office address here:		the name of the new
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

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 Title Name. **Address** Type of Action MGR MICHAEL BOSTICK 75 NW 51 STREET □ Add MIAMI, FLORIDA 33127 ☐ Remove Change MGR **ROSE BOSTICK** 75 NW 51 STREET □ Add MIAMI, FLORIDA 33127 ☐ Remove Change □ Add □ Remove _ Change ا^ل Add □ □ Remove

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Offective date, if other	ner than the date of .ed, the date must be specif	filing:	date of filing or mo	re than 90 days after:	nal) filing.) Pursuant to 605.02
Note: If the date inse	rted in this block does date on the Departmen	not meet the applical	ble statutory filing	requirements, this	date will not be listed :
	s a delayed effecti ter the record is fi		an effective ti	me, at 12:01 a	.m. on the earlier
Dated		,	_,		
	DAK	- R+	4		
	Signature	e of a member or author	rised representative	of a mamber	

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Filing Fee: \$25.00