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Office Use Only





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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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COVER LETTER

TO:		istration Se ision of Cor			
cunt	CT.	M00JOU E	NTERPRISES LLC		
SUBJE	cci:		Name of Lim	ited Liability Company	
The end	closed	l Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please	return	all correspo	ndence concerning this matter	to the following:	
			SONIA R RISO		
			MOOJOU ENTERPRISE	Name of Person	
			10017 CALLE DE DALE	Firm/Company	
			10017 CALLE DE PALE		
			NAVARRE FL 32566	Address	
			MOOJOU@GMAIL.COM	City/State and Zip Code	
				to be used for future annual report noti	fication)
			oncerning this matter, please ca	ill:	
		at ()			
		Name of	f Person	Area Code Daytim	e Telephone Number
Enclose	ed is a	check for th	e following amount:		
■ \$2:	5.00 F	iling 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

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company	were filed on 04/11/17	and assign	ed	
Florida document number L17000081300				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the a	ibbreviation "L.L.C		
Enter new principal offices address, if applicable:	10017 CALLE DE PALENCIA	18	1V10 S	
(Principal office address MUST BE A STREET ADDRESS)	NAVARRE FL 32566	AUG	ECRE ECRE	
		27	유로프	
Enter new mailing address, if applicable:	10017 CALLE DE PALENCIA	AHI	CD ORPOSI ORPOSI	
(Mailing address MAY BE A POST OFFICE BOX)	NAVARRE FL 32566		41E	
			<i>- ‡</i> -	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		the name of	the new	
Name of New Registered Agent:				
New Registered Office Address:			<u></u>	

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 = M $AMBR = A$	lanager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Add
			□ Remove
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	AUGUST 25. 2018	
ecti	ve date, if other than the date of filing: (optional) ective 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 N2
te:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be	listed a
cum	ent's effective date on the Department of State's records.	
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ea	rlior
	90th day after the record is filed.	inici
ted	AUGUST 25,2018	
	Signature of a member or authorized representative of a member	-

Page 3 of 3

Filing Fee: \$25.00