

L17000092969

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

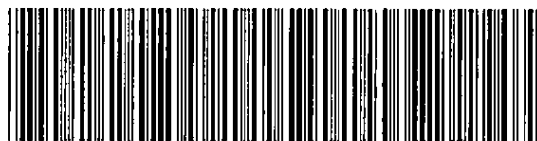
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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: M.O.M PROPERTIES, LLC  
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

EDIT PIZANTI  
(Contact Person)

M.O.M PROPERTIES, LLC  
(Firm/Company)

P.O. Box 162  
(Address)

ST. AUGUSTINE, FL. 32085  
(City/State and Zip Code)

For further information concerning this matter, please call:

EDIT PIZANTI at ( 904 ) 422-7850  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

M.O.M PROPERTIES, LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

2024 2 8 12:23

The Articles of Organization for this Limited Liability Company were filed on MARCH 8, 2024 and assigned Florida document number L 17000092969.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability 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 address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

IDIT PIZANTI

New Registered Office Address:

812 PINE PARK LANE

Enter Florida street address

ST. AUGUSTINE

City

, Florida

32084

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.*

IDIT PIZANTI

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>JOIT PIZANTI</u>	<u>812 PINE PARK LANE</u> <u>ST. AUGUSTINE, FL. 32084</u>	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>JACOB PIZANTI</u>		<input type="checkbox"/> Add
		<u>812 PINE PARK LANE</u> <u>ST. AUGUSTINE, FL. 32084</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

*(This area is for amendments. A diagonal line is drawn across the space.)*

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

*(If an effective 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 605.0207 (3)(b)*  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated

6/19/24

*Jacobs Pianti*

Signature of a member or authorized representative of a member

JACOBS PIANTI

Typed or printed name of signer

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TO  
ARTICLES OF ORGANIZATION  
OF**

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\_\_\_\_\_  
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			<input type="checkbox"/> Change
MGR	JACOB PIZANTI		<input type="checkbox"/> Add
		812 PINE PARK LANE ST. AUGUSTINE, FL. 32084	<input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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Dated

6/19/24

*Pranti Paul*

Signature of a member or authorized representative of a member

JACOB PRANTI

Typed or printed name of signee