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Mamore S SUBJECT:	ervices LLc			
301201	Name of Lim	ited Liability Company		
The enclosed Articles of	, Amendment and fee(s) are sub	emitted for filing.		
Please return all correspo	indence concerning this matter	to the following:		
	Mario Hoentsch			
		Name of Person		
	Mamore Services LLC			
		Firm/Company		
	2148 se 8th pl			
		Address		
	Cape Coral, Florida 33990			
	Mamore.services@outlook.	City/State and Zip Code		
	E-mail address: (to be used for future annual report notificat		
For further information of	oncerning this matter, please c	all:	•	io Table
Mario Hoentsch		813 766-3177		
Name o	f Person	Area Code Daytime Te	lephone Number	יז' כ
Enclosed is a check for the	ne following amount:			AHII: 28
■ \$25.00 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)	$\widetilde{\mathcal{S}}$

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 Lim	ited Liability Company as it no (A Florida Limited Liability Co	ow appears on our records.) ompany)	
The Articles of Organization for this Limited L Florida document number L17000142721	iability Company were file	ed on 07/01/2017	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability com	pany here:	
The new name must be distinguishable and contain the	words "Limited Liability Compa	any," the designation "LLC" or the abbi	reviation "L.L.C."
Enter new principal offices address, if appli	cable:		<u> </u>
(Principal office address MUST BE A STRE	ET ADDRESS)		<u> </u>
			<u> </u>
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·	<u> </u>
(Mailing address MAY BE A POST OFFICE	<u></u>		138 138
B. If amending the registered agent and registered agent and/or the new registered of	office address here:	lress on our records, <u>enter t</u>	he name of the nev
Name of New Registered Agent:	Mario Hoentsch	·	
New Registered Office Address:	2148 ae 8th pl		
		Enter Florida street address	
	Cape Coral	, Florida ³³⁹	2ip Code
	City		imp 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

<u>Title</u>	Name	Address	Type of Action
CEO	Mario Hoentsch		■ Add
			□ Remove
			Change
			□ Add
			Remove
			Change
		· · · · · · · · · · · · · · · · · · ·	Add
			Remove
			Change
			Remove
			□ Change
			□ Remove
			Change
			Add
		 	Remove
			□ Change

	
	
Effective date, if other than the If an effective date is listed, the date mus Note: If the date inserted in this bl document's effective date on the D	e date of filing:
The 90th day after the rec	d effective date, but not an effective time, at 12:01 a.m. on the earlier o cord is filed.
Dated March , 05	2019
1,	
	Signature of a member or authorized representative of a member
	Signature of a memory of authorized representative of a memor
Mario Hoentsch	

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Filing Fee: \$25.00