117000152175

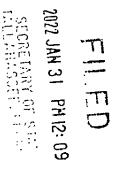
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	J. HC	ORNE
	FEB :	- 5 2022

Office Use Only



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COVER LETTER

TO: Registration Se Division of Cor		i	
MOMENT	S 4 LYFE PUBLICATION LL		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	LaRhonda Wimberly	_	
		Name of Person	.
	MOMENTS 4 LYFE PUE	BLICATION LLC	
		Firm/Company	
	2343 NW 101 Street		
		Address	
	Miami, FL 33147		
		City/State and Zip Code	
	Moments4lyfepublishing@	gmail.com to be used for future annual report notifi	
For further information c	n-mail address. (oncerning this matter, please c	-	canony
LaRhonda Wimberly		305 807-1273	
Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration Sect	tion
Division of C		Division of Corp	

P.O. Box 6327 Tałlahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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

FILED

2022 JAN 31 PM 12: 09

MOMENTS 4 LYFE PUBLICATION LLC

(Name of the Limited Liability Company as it now appears on our records.) A Florida Limited Liability Company)

Florida document numberL17000152175	were filed on 07/15/2017 and assigned
riorida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
MOMENTS 4 LYFE BUSINESS CENTER LLC	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2343 NW 101 Street
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33147
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new register</u>
	ddress on our records, enter the name of the new register
agent and/or the new registered office address here:	ddress on our records, enter the name of the new register
Name of New Registered Agent:	Enter Florida street address
Name of New Registered Agent: New Registered Office Address:	Enter Florida street address
Name of New Registered Agent:	Enter Florida street address

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>	Address	Type of Action
			🖸 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			©Change
			□Remove
			©Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change

(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 (Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t document's effective date on the Department of State's records. 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 ord is filed. Dated January 27 2022 Signature of a member or authorized representative of a member.	<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records.
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	Hokhonda Winkols
	Signature of a member or authorized representative of a member
	LaRhonda Wimberly

Filing Fee: \$25.00