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(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						





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SECRETARY OF CORPORATION:

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COVER LETTER

	Registration Secti Division of Corpo				
CUD IEC	m Mom	O ORGANIC	SILLC		
SUBJEC	·:	O OR GAN (C Name of Limi	ted Liability Company		
The enclo	sed Articles of An	nendment and fee(s) are subr	nitted for filing.		
Please ret	urn all correspond	ence concerning this matter t	to the following:		
		TOM GLO	VER		
			Name of Person		•
		NORTHWEST R	EGISTERED !	AGENT LI	. C
			Firm/Company		
		3030 N RO	CKY POINT	DR STE	150 A
			Address		
		TAMPA, F	1 3360	17.	
					· · · · · · ·
		LAUREN SCITA E-mail address: (t	OF @ ATT. NE	T report notification	
For furthe		cerning this matter, please ca		n report nouncation)	
LΑ	UREN SC	HADE erson	at (561)	343 - 04	78
	Name of Pe	erson	Area Code	Daytime Teleph	one Number
Enclosed	is a check for the	following amount:			
j 2 \$25.0	0 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is en		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

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

MOMO ORGANICS		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our re I Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Compan Florida document number	y were filed on	2018 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
m	The Company and the company an	WIC" dbl5-5- WIC"
The new name must be distinguishable and contain the words "Limited Liab	outty Company," the designation	"LLC" or the appreviation "L.L.C.
Enter new principal offices address, if applicable:	 	<u></u>
(Principal office address MUST BE A STREET ADDRESS)		W VISIC
		18 CO
Enter new mailing address, if applicable:		골 공유 - 공유
(Mailing address MAY BE A POST OFFICE BOX)		છ
		35 35
	/	
B. If amending the registered agent and/or registered		ords, enter the name of the
registered agent and/or the new registered office address he	e <u>re</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	ddress
		_, 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	LAUREN M. SCHADE	320 DREGON LANE	È Add
		BOCA RATON FL 33487	Remove
			☐ Change
-			□ Add
			□ Remove
			Change
			🗆 Add
			Remove
			Change
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PLEASE	ADD	NEW	EIN		S3.	-116	276	<u> </u>		
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tive date, if o	thar than t	he date of fi	lina:	7/16	1201	ð		(option	al)	
fective date is lis	sted, the date t	must be specific	and cannot be	prior to	date of fili	ng or more	han 90 da	ys after fil	ing.) Pursi	
If the date ins					e statutor	y tiling re	quiremen	ts, this d	ate will n	iot be li
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		ed effectiv	e date, bu	it not i	an effec	tive tim	e, at 12	:01 a.r	n. on ti	he ear
cord specifi	ies a delay									
cord specific 90th day a				18						
e 90th day a	after the r			18						
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e 90th day a	after the r	ecord is file		18	ed represe	ntative of a	member			

Page 3 of 3

Date of this notice: 07-09-2018

Employer Identification Number:

83-1162760

Form: SS-4

Number of this notice: CP 575 G

MOMO ORGANICS LLC LAUREN SCHADE SOLE MBR 320 OREGON LN BOCA RATON, FL 33487

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 83-1162760. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is MOMO. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.

INITIAL RESOLUTIONS

ı, Morgan Noble		, of Northwest I	Registered Agent, LLC.	, being the Organizer of
Momo	Organics, LLC	, a <u>Fiorida</u>	Limited I	_iability Company, horoby
resolv	ve to relinquish signin	g authority to	the Members nam	ed below and adopt the
follow	ving resolutions:			
1.	· · · · · · · · · · · · · · · · · · ·			lity Company are hereby ed Liability Company:
		Laure	en M Schade	<u></u>
2.	Resolved, that Mon	no Organics,	LLC was ord	ganized on 07/02/18
	in the State of Florida L18000161350		with assigned filing	-
3.	Resolved, that the d		-	ion of the above named
4.	and included as office	cial records o more detailed	f the Limited Liabili d operating agreem	ng agreement be adopted ty Company. If members ent, then such agreement original operating
5.	the full extent of their	ir limitation of maintain form	f liability pursuant to nalities of a limited	y company, and is entitled to b state law. Furthermore, liability company does not w.
~) organ Joble		07/13/18	