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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	_
, Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

	Mochi Doch	i ELC		
SUBJECT:		Name of Limite	ed Liability Company	
The enclosed	Articles of A	amendment and fee(s) are subm	itted for filing.	
Please return	all correspor	dence concerning this matter to	the following:	
		Jason Le		
		Mochi Dochi LLC	Name of Person	
		741 NW 70th Way	Firm/Company	
		Margate FL 33063	Address	
		mochidochiCo@gmail.com	City/State and Zip Code be used for future annual report no	Titlestians
For further in	iformation co	oncerning this matter, please cal		uncawuj
Jason Le	Name of	Person	954 701-8772 at ()	me Telephone Number
Enclosed is a	check for th	e following amount:		
□ \$25.00 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

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

FILED

Mochi Dochi LLC

company has been notified in writing of this change.

2018 NOV -8 PM 1: 25

(Name of the Limited Liability Company	y as it now appears on our reco	ords. Spropert SV of The	
(Name of the Limited Liability Compan (A Florida Limited Lia	ability Company)	TALLAHASSEE EL	
The Articles of Organization for this Limited Liability Company w	vere filed on 08/06/2018	and assigned	
Florida document number 1.18000186988			
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited liabili</u>	ity company here:		
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "L	LC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>	
Enter new mailing address, if applicable:		, 	
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered offi	ice address on our recor	ds, enter the name of the ne	
registered agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address Florida		
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr	erformance of my duties.	and I am familiar with and	

being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Francis Phan	571 SW 176 AVE	
		PEMBROKE PINES, FL 33029	
		CLWIDKOKE, CHVD3, F1, 33029	■ Remove
			☐ Change
MGR	Freda Van	1915 LAKEMONT AVE APT 309	
			
		ORLANDO, FL 32814	■ Remove
			Change
		 -	
			Remove
			Change
			□ Remove
			Change
			☐ Remove
			☐ Change
			□ Remove
			Change

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	11/05				
ective date, if other than the effective date is listed, the date in tee. If the date inserted in this cument's effective date on the	block does not meet the	applicable statutory	g or more than 90 days a filing requirements,	ptional) after filing.) Pursuant to 60 this date will not be lis	05.020 sted as
record specifies a delay The 90th day after the re	ed effective date, b cord is filed.	out not an effect	ive time, at 12:0	1 a.m. on the earl	lier o
November 5th	2018				
	$\alpha \alpha \alpha$				
	Signature of a member				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00