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SECRETARY OF STATE TALLAHASSEE, FLORIDA

SONOSOEDER

COVER LETTER

Div	ision of Cor	porations		
SUBJECT:	Mochi Doc	hi LLC		
SUBJECT.		Name of Lim	ited Liability Company	
The enclosed	[Articles of	Amendment and fee(s) are sub	mitted for tiling.	
Please return	all correspo	ondence concerning this matter	to the following:	
		Jason Le		
			Name of Person	
		Mochi Dochi LEC		
			Firm/Company	
		741 NW 70th Way		
			Address	
		Margate F1, 33063		
			City/State and Zip Code	
		JASONCVL1/a gmail.com		
		E-mail address: (to be used for future annual report notifi	cation)
For further in	itormation c	oncerning this matter, please ca	all:	
Jason Le			954 701-8772 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a	check for th	ne 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:

TO:

Registration Section

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, F1, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Afochi Dochi LLC		
(<u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on our records.) limited Liability Company)	
The Articles of Organization for this Limited Liability Co	mpany were filed on $\frac{08/06/2018}{}$	and assigned
Florida document number 1.18000186988	<u>-</u>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
Dochi Dira LLC		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or	the abbreviation 1.C."
Enter new principal offices address, if applicable:		II E m
(Principal office address MUST BE A STREET ADDRE	<u> </u>	SS 2
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		TOP STATE TLORIDA
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre		nter the name of the n
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid	Zin 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 a or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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