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(Re	questor's Name)	
(Ad-	dress)	
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· (Cit	y/State/Zip/Phone	e #)
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COVER LETTER

TO: Registration Section of Corp			
SUBJECT: MOKMOK,	LLC		
	Name of Limi	ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter t	to the following:	
	Processing Departmer	nt.	
	Trocessing Departmen	Name of Person	
		Firm/Company	
	5605 Riggins Court	Suite 200	
		Address	
	Reno, NV 89502		
		City/State and Zip Code	
	docs@incauthority.com		
	E-mail address; (t	o be used for future annual report notifi	cation)
For further information con	ncerning this matter, please ca	ill:	
Processing Departmen	nt	at (800) 638-2320 Daytime	
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	following amount:		
☑ \$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)

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

MO	KMOK, LLC				
(<u>Name of the Limited Liability Ci</u> (A Florida Lim	impany as it now appear ited Liability Company)	s on our records.)	<u> </u>	
The Articles of Organization for this Limited Liability Comp	pany were filed on	08/24/2018		and assig	ned
Florida document number L18000202926					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited	liability company ho	<u>•re</u> :			
The new name must be distinguishable and contain the words "Limited	Liability Company." the d	esignation "LLC"	or the abbrev	iation "L.L.	<u></u>
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS	S)				
				<u>.</u>	71
			23	5	
Enter new mailing address, if applicable:			-		r:
(Mailing address MAY BE A POST OFFICE BOX)			•••	-1-	5
Graning andress PLAT DLAT OFF TELE DOLY				<u>-}-</u>	
					
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		our records.	enter the	name of	the nev
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Flor	ida street address			
		, Flor	rida		
	City		7	lip 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, <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
			Remove
			□ Change
			
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			Englange Thange
			Remove Change
			☐ Change
			Add
			Remove
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this business is shown as	the following: Gourmet coff	fee and snacks service.	
			
			
			
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ective date, if other than the date i effective date is listed, the date must be sp	ecific and cannot be prior to date of filing or	(optional) r more than 90 days after filing.) Pursu	ant to 605.0
te: If the date inserted in this block de nument's effective date on the Departn	es not meet the applicable statutory finent of State's records.	ling requirements, this date will no	ot be listed
record specifies a delayed effe The 90th day after the record is	ctive date, but not an effective s filed.	e time, at 12:01 a.m. on th	e earlie
_{ed} November 8	2018		
1			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00