

L18000 202 q2

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

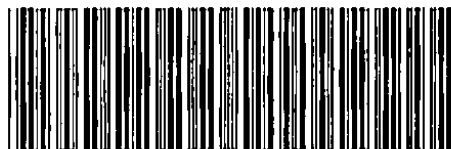
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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08/23/19--01010--021

SULKER

OCT 02 2019



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 4, 2019

MOKMOK LLC  
1727 COACHMAN PLAZA DR STE 1019  
CLEARWATER, FL 33759

SUBJECT: MOKMOK, LLC  
Ref. Number: L18000202926

We have received your document for MOKMOK, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application we received is for RA and address change. If you want to make some changes on management you need to file amendment application

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker  
Regulatory Specialist III

Letter Number: 319A00018183

RECEIVED

2019 SEP 23 PM 12:01

FOR  
FILE

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: \_\_\_\_\_

Mok Mok, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Amany Ibrahim  
Name of Person

Mok Mok LLC  
Firm/Company

1727 Coachman Plaza Dr  
Address

Clearwater FL 33759  
City/State and Zip Code

office@mokmokllc.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amany Ibrahim at 727 301-0631  
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

MOK MOK, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 8/24/17 and  
Florida document number 218000202926

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Amany Ibrahim

New Registered Office Address:

31790 US Highway 19  
Enter Florida street address

Palmer Harbor Florida 32  
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.*

Amany Ibrahim  
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 or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type</u>
_____	_____	_____	<input type="checkbox"/>
		_____	<input type="checkbox"/>
		_____	<input type="checkbox"/>
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		_____	<input type="checkbox"/>
		_____	<input type="checkbox"/>

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: 7-27-1 (optional)

(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

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated 9-24-19 .           

Amany Ibrahim  
Signature of a member or authorized representative of a member

(AMANY IBRAHIM) President  
Typed or printed name of signer