## L18000216353

(Req	uestor's Name)	-
(Add	ress)	
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(City)	State/Zip/Phon	e#)
PICK-UP	WAIT	MAIL
(Busi	iness Entity Na	me)
(Doc	ument Number	)
Certified Copies	Certificate	s of Status
Special Instructions to F	iling Officer:	
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Office Use Only



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## **COVER LETTER**

	gistration Se vision of Cor				
emplect	MOFO007,	LLC			
SUBJECT	:	Name of Lim	ited Liability Company	-	
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing		
Please retur	n all correspo	ndence concerning this matter	to the following:		
		DIANNE'S DEMOS			
			Name of Person		
		JAMES P DEMOS PA			
			Firm/Company		
		9820 SW 1 COURT			
			Address		
		PLANTATION, FL 33324			
			City/State and Zip Code		
		demos_j@comcast.net  E-mail address: (	to be used for fature annual re	port notification)	
For further	information c	oncerning this matter, please c			
DIANNE S	DEMOS CP.	A	954 648-		
	Name o	l Person	Area Code	Daytime Telephone Number	-
Enclosed is	a check for th	ne following amount:			
■ \$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	S60.00 Filing Fe Certificate of St Certified Copy (additional copy is	tatus &
	ailing Addres		Street Add		
	egistration S ivision of C	Section Corporations	<del>-</del>	ion Section of Corporations	
	O. Box 632	-		tre of Tallahassee	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MOFO007, LLC		
( <u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records.) Limited Liability Company)	
ne Articles of Organization for this Limited Liability C	Company were filed on 09/11/2018	and assigned
orida document number L18000216353		
orida document number	<u></u> .	
nis amendment is submitted to amend the following:		
If amending name, enter the new name of the limit	ited liability company here:	
ENA MARIE MOFORIS LLC		
ne new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" of	r the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
• •		-
<u>rincipal office address MUST BE A STREET ADDR</u>	<u></u>	<del></del>
		;
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		•
	<del></del>	
. If amending the registered agent and/or registered	d office address on our records, enter th	e name of the new regist
gent and/or the new registered office address here:	d office address off our records, emer on	c manie or the men regime
<u>-</u> . — —		
Name of New Registered Agent:		
Name of New Registered Agent.	<del></del> -	
New Registered Office Address:		
	Enter Florida street address	
	. Flori	da
	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 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>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			DAdd
			□Remove
			□Change
			DAdd
			Remove
			☐Change
			□Add
			□Remove
			Change
			□Add
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			F1Change

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ffectiv	e date, if other t	han the date of	filing:			(optional)	
ote: I	re date, if other the ctive date is listed, the f the date inserted int's effective date of	in this block does	not meet the a	pplicable statute	ing or more than 90 ory filing requiren	days after filing.) Pur nents, this date will	suant to 605.0207 ( not be listed as t
record is file	specifies a delayed d.	l effective date, b	ut not an effect	ive time, at 12:0	I a.m. on the earl	ier of: (b) The 90	th day after the
ated _	Jan. 3		. 202	<u> </u>			
				<i>&gt;</i>			
		Signatur	e of a member or	authorized repres	entative of a memb	ег	

Filing Fee: \$25.00