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COVER LETTER

	gistration Se vision of Cor			
LIN SPECT	MO4T, LL	C	•	·
UBJECT:		Name of Lim	ited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
ease retur	n all correspo	ondence concerning this matter	to the following:	
			ADRIANA RAMIREZ	
			Name of Person	
		- Hinneld	and the same of th	
			Firm/Company	
			4079 NW 79th AVE	
		-	Address	·
			MIAMI FL 33166	
			City/State and Zip Code	
			•	
		E-mail address: (to be used for future annual report noti	fication)
For further i	information c	oncerning this matter, please c	all:	
		ADRIANA RAMIREZ		
	Name o	f Person	Area Code Daytim	e 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 enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	ailing Addres	 -	Street Address:	
	egistration S vision of C	Section Torporations	Registration Sec Division of Cor	
Ρ.	O. Box 632	.7	The Centre of T	allahassee
Ta	llahassee. l	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MO4T	. LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears (Jability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company lorida document numberL18000220412	were filed on	09/17/2018	and assigned
his amendment is submitted to amend the following:			
a. If amending name, enter the new name of the limited liab	ility company her	<u>e</u> :	
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the des	ignation "LLC" or the ab	breviation "L.L.C."
inter new principal offices address, if applicable:	4079 NW 79th A	VE,MIAMI FL 33166	
Principal office address MUST BE A STREET ADDRESS)			
			
nter new mailing address, if applicable:	4079 NW 79th A	VE.MIAMI FL 33166	
Mailing address MAY BE A POST OFFICE BOX)			·
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	iddress on our rec	ords, <u>enter the nam</u>	e of the new regist
Name of New Registered Agent:			
New Registered Office Address:			<u> </u>
	Enter Floride	a street address	
	City	Florida	Zip Code
	7.10		esp cina

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

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

IGR = Manager MBR = Authorized Member

<u>itle</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			☐ Change
			🗆 Add
			□Remove
			□Change
			🗆 Add
			□Remove
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			□Remove
			□Change

Effective date, if other than the date of filing: [In 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 to 605.9207 More; If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. Serecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (h) The 90th day after the distribution of the state of the								
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