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(Requestor's Name)
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(Document Number)
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COVER LETTER

FO: Registration Sec Division of Corp		•	,		
SUBJECT: MO	Je In Mou	e Out Ready	LLC		
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspon	idence concerning this matter	to the following:			
	_ Ahma	Name of Person			
		Firm/Company			
	<u> 2606 W</u>	hiteward Loo	d	21	
	Mulberny	FL 33860 City/State and Zip Code		2022 JUN 2	
	E-mail address: (100977@amail	. COM		1
for further information co	ncerning this matter, please co	ıll:		AM II: 35	
Ahmood Name of	Person	at (<u>813</u>) 481- Area Code Daytime	- 1196 Telephone Number		
Inclosed is a check for the	following amount:				
☐ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	
Mailing Address:	i.	Street Address:	45		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

iability Company as it now appears

1A FOIR	as Emitted Elaonity Company)	
The Articles of Organization for this Limited Liability	Company were filed on	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Ein	and Pocking L. mited Liability Company." the designation "LLC	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2606 Wh	itewood Rd
(Principal office address MUST BE A STREET ADD	RESSI Mulberry, FL	338605
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>	2606 White Mulbern 1	Wood 7 d 7 35
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		the name of the new registered
Name of New Registered Agent:	Dasmine Hayes 2 Loganderry Lane P)
New Registered Office Address:	2 Loganderry Lane P #101 Enerthorida street address	lant City, Fl. 33563
0	-11 O	33563

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.

f Changing Registered Agent, Signature of New Registered Agent

Zip Code

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>	<u>Name</u>	Address	Type of Action
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		-	Remove
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Filing Fee: \$25.00