L18000259308

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COVER LETTER

TO: Registration S Division of Co			
	DESIGN STUDIO, LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	ANDREA T. GONZALEZ	Z-REBULL	
		Name of Person	· •
	MOCCA DESIGN STUD	IO, LLC	
		Firm/Company	
	3080 SW 38 CT		
		Address	
	MIAMI, FL 33146		
		City/State and Zip Code	
	ANDREA@MOCCADESI		
		to be used for future annual report no	tilication)
For further information of	concerning this matter, please c	all:	
ANDREA T. GONZAL	EZ-REBULL	786 797-4428 at ()	
Name (of Person	Area Code Daytii	me Telephone Number
Enclosed is a check for t	he 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		Street Address:	ogtion
Registration Division of C		Registration So Division of Co	
P.O. Box 632		The Centre of	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MOCCA DESIGN	STUDIO, LLC
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(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 $\frac{11/05/2018}{1}$ ____ and assigned Florida document number _____1.18000259308 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 "LLC." 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 name of the new registered agent and/or the new registered office address here: WULFF, LUIS ALBERTO Name of New Registered Agent: 5900 SW 111 STREET New Registered Office Address: Enter Florida street address MIAME

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, 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
MGR	PIREZ, ALEX	3080 SW 38 CT	
		MIAMI, FL 33146	■Remove
			□Change
MGR	WULFF, LUIS ALBERTO	3080 SW 38 CT	≣ ∧dd
		MIAMI, F1., 33146	□Remove
			□Change
		 	□Remove
			☐ Change
			□Add
			□Remove
			□Change
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			Remove
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			□Remove
			□ Change

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If the date inserted in this block does not meet the applicable statutory filing requirements, this date with not be listed as occument's effective date on the Department of State's records. record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the 1 is filed. Pated JUNE 28 2021 Signature of a member or authorized representative of a member						
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