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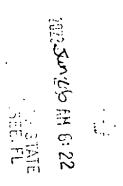
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(City/S	itate/Zip/Phone #	4)
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(Busin	ess Entity Name)
(Досиг	nent Number)	
Certified Copies	Certificates o	f Status
Special Instructions to Fili	ng Officer:	

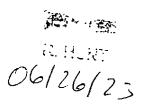
Office Use Only



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COVER LETTER

TO: Registration Second Division of Corp	orations (Set Momo	com, LLC
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	DAVID I What To G 2110 Bold I Trinity F DISHA	Name of Person CON Firm/Company Address City/State and Zin Code	a Bet Mom. com
For further information co.	ncerning this matter, please ca	to be us for future annual report notifull:	neation)
DAVID TO	SHAQ	at (704) 514-	e 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Name of the Limited Liability Compan (A Florida Limited L	y as it now appears on our records.) lability Company)
The Articles of Organization for this Limited Liability Company of Florida document number <u>\$ 18000 276745</u>	were filed on $06/91/2023$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C."
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)	Jun 26 M 6: 2
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	া № ddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida 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
MGR	Wafa ISHAQ	Address 3117 Gold Dust C Trinity, FC 3465	□Add
		Trinity, FC 3465	Remove
_	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		□Change
MGP	Jazan Khalat	2110 Gold Dust CT	DAdd
		Trinity FL 34655	Remove
			Change
			□Add
			□Remove
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te:	ve date, if other than the date of filing: Descrive 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 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a cent's effective date on the Department of State's records.
ecore	d 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
ted .	, <u></u> .
	David Ashag Signature of a member or authorized representative of a member
	- www. yaracy
	Signature of a member or authorized representative of a member