## L18000276990

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(Business Endty Name)
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## **COVER LETTER**

Division of Cor	rporations			
	MOCHI LLC			
SUBJECT:	Name of Lim			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
	ondence concerning this matter	_		
	OLIVIA REDMOND			
		Name of Person		
	MATCHA MOCHI LLC			
		Firm/Company		
		Address		
	PALM BEACH, FL 33480	)		23 - 22
	olivia@goch.com			
	E-mail address: (	to be used for future annual report notific	ation)	
For further information of	concerning this matter, please c	all:		
Ben Alexander		561 659-3000 at ()		# 13 E
Name o	of Person	Area Code Daytime T	elephone 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 Statu Certified Copy (additional copy is encl-	
Mailing Addre Registration		Street Address: Registration Secti	on	

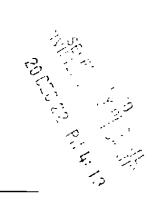
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section

TO:

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



## MATCHA MOCHI LLC

(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 L Florida document number L18000276990	iability Company	were filed on 12	2/03/2018 and assigned	
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liab	oility company h	<u>nere</u> :	
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity 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)		340 ROYAL POINCIANA WAY		
		SUITE 317-229		
		PALM BEACH, FL 33480		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		C/O EISNERAMPER ATTN: BARRY GOULD 1001 BRICKELL BAY DR., MIAMI, FL 33131		
B. If amending the registered agent and/or agent and/or the new registered office addre		address on our	records, <u>enter the name of the new registers</u>	
Name of New Registered Agent:	JONES FOSTE	ER SERVICE 🕓	LC.	
New Registered Office Address:	505 S. FLAGL	ER DRIVE, SUIT	TE 1100	
	Enter Florida street address			
	WEST PALM	ВЕАСН	, Florida 33401	
		City	Zip Code	
Now Registered Agent's Signature if shanging	Dagistanad Aganti			

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	EILEEN CAPONE	350 ROYAL PALM WAY, SUITE 501	□Add
		PALM BEACH, FL 33480	🖩 Remove
			□Change
MGR	OLIVIA REDMOND	340 ROYAL POINCIANA WAY, SUITE 317-229	<b>=</b> Add
		PALM BEACH, FL 33480	□Remove
		······································	□Change
<del></del>			□Add
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Effective date, if other than the fan effective date is listed, the date mu Note: If the date inserted in this be locument's effective date on the D	st be specific and ock does not r	I cannot be prior neet the applic	able statutory	or more than 90 of filing requirement	_ (optional) days after filing.) ents, this date v	Pursuant to 605.0207 will not be listed as t
record specifies a delayed effective d is filed.	e date, but not	an effective t	ime, at 12:01 a	.m. on the earli	er of: (b) The	90th day after the
OCTOBER 5		2020	<u> </u>			
	í	J. L. Y. L. Y				
	'	<u>-10/W JAGNA &amp; </u>	<u>/</u>			
	Signature of a	member or auth	orized represent	ative of a membe	г	<del></del>

Filing Fee: \$25.00