118000283746

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COVER LETTER

	vision of Corp					
	MOCLA LI	.c				
SUBJECT		Name of Limited Liability Company				
The enclose	ed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please retur	n all correspo	ndence concerning this matter	to the following:			
		Miguel Angel Ramos				
			Name of Person	-		
		Mocla LLC	Pi-viConnagi			
		5750 OVI 6 Charles	Firm/Company			
		5750 SW 6 Street	Address			
		Miami, FL 33144				
			City/State and Zip Code			
		miguelramosrealtor@gmail	com			
		E-mail address; (to be used for future annual report notif	ication)		
For further	information c	oncerning this matter, please co	all;			
Miguel An	gel Ramos		305 2158440 at () Area Code Daytime			
	Name o	f Person	Area Code Daytime	Telephone Number		
Enclosed is	a check for th	he following amount:				
≅ \$ 25.00	Filing Fee	S30.00 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)		
R D P	falling Addresses egistration of Co. Box 632 allahasses,	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroe Tallahassec, FL	porations fallahassee e Street, Suite 810		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2023 SEP -6 PM 5: 45

MOCLA LLC		
(Name of the Limited Liability Compar (A Florida Limited L	in as it now appears on our re inbility Company)	cords.) TALL IMOSEE, FL
The Articles of Organization for this Limited Liability Company Florida document number L18000283746		
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 Liability	ity 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)		
no de la constanta	-	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records, <u>e</u>	ter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	
		, Florida Zip Code
Desistant Agents	City	Lip don't
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agrange provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as a being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this capacity. performance of my dutie provided for in Chapter (05, F.S. Or, if this document is

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
Manager	Miguel Ramos		□Add
		2332 Galiano Street, 2nd Floor, Coral Gables, FL 33	13. ≣Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			🗆 Add
			□Remove
			Change
			🗆 Add
			Remove
			Change

	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
 	
-	
	date, if other than the date of filing:
f the record specord is filed.	secifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Datad	8/25/2023
Dated	Miguel Angel Ramos
	Signature of a member or authorized representative of a member
	Miguel Angel Ramos
	Typed or printed name of signee

Filing Fee: \$25.00