L19000012857

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



800348551818

07/22/20--01034--006 **25.00

RECEIVED
JUL 1 4 2020

AUG 2 6 2020 S. YOUNG



COVER LETTER

	I MOSHI MANAGEMENT LLC		
SUBJECT:	Name of Lir	nited Liability Company	
The enclosed Articles	s of Amendment and fee(s) are su	bmitted for filing.	
Please return all corre	espondence concerning this matter	r to the following:	
	ROBERT SALINAS	·	
		Name of Person	
	Name of Limited Liability Company closed Articles of Amendment and fee(s) are submitted for filing. ROBERT SALINAS Name of Person		
		Address	
	MIAMI, FL, 33180		
		City/State and Zip Code	
	E-mail address:	(to be used for future annual report n	otification)
For further information	on concerning this matter, please	call:	
ROBERT SALINAS	3		_
Nat	me of Person	Area Code Days	time Telephone Number
Enclosed is a check f	or the following amount:		
■ \$25.00 Filing Fe		Certified Copy	Certificate of Status & Certified Copy
Registration of P.O. Box	on Section of Corporations	Registration S Division of C The Centre o	Section Corporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MOSHI MOSHI MANAGEMENT LLC		_
(Name of the Limited Liabil (A Florid	lity Company as it now appears on our la Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability (Florida document number L19000012857	Company were filed on <u>01/10/2019</u> 	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited hability company nere:	
The new name must be distinguishable and contain the words "Lin Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADD)		n "LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records,	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	ı 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
MGRM	FURIHATA, TOSHIO	7234 BISCAYNE BLVD	
		MIAMI, FL 33138	■Remove
			Change
AMBR	MOSHI MOSHI HOLDINGS LLC	7234 BISCAYNE BLVD	
		MIAMI, FL 33138	□Remove
			Change
			□Remove
			□Change
			Dbdd
		<u> </u>	Remove
			Change
			□Add
		□Remove	
			Change
			□Remove
			□Change

	_				
		<u></u>	<u> </u>		_
	<u> </u>				
				 	
					
	· · ·				
					
_					
					
					_
ffective date, if other than the date an effective date is listed, the date must be of the date inserted in this block ocument's effective date on the Department.	does not meet the	applicable statut	ling or more than 90 ory filing requiren	(optional) days after filing.) Pursus tents, this date will no	ant to 605.0207 (ot be listed as t
record specifies a delayed effective d is filed.	ite, but not an effe	ctive time, at 12:	01 a.m. on the earl	ier of: (b) The 90th	day after the
JULY 4TH	2020				
ated	·	·			
					_
	nature of a member	or authorized repre	sentative of a memb	er	

Filing Fee: \$25.00