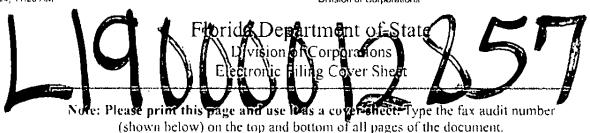
6/14/24, 11:20 AM

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAW OFFICES TONY PORNPRINYA

Account Number : I20010000164 Phone : (305)893-8989

Fax Number : (305)891-7717

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

NVC@Miamidadelaw.net

· LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MOSHI MOSHI MANAGEMENT LLC

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M. SOLOMON

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2024-06-14 15:31:29 GMT

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From: Law Offices Tony Pornprinya

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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Moshi Moshi M	lanagement LLC	
SUBJECT:		nited Liability Company	
The analogue Articles of	Amondonest and facto was mile	sanire of East 611:	
:	Amendment and fee(s) are sub	_	
Please return all correspo	ndence concerning this matter	to the following:	
:	Tony P	ornprinya	
		Name of Person	
	Law Office of	of Tony Pornprinya	
		Firm/Company	
	1555 NE 1	23 Street	24.
	1000112	Address	<u></u> :::
	North Miam	ii El 33161	2/ 2/ 2/ 2/ 2/ 2/ 2/ 2/ 2/ 2/ 2/ 2/ 2/ 2
	- TOTAL WILD	City/State and Zip Code	<u></u>
	N\/C@Mia	midadelaw.net	5
!	E-mail address:	to be used for future annual report notifi	cation)
For further information co	oncerning this matter, please of	all:	7
, . To ny Po rnpiin y	0	000 000	^
Name of		at (305) 893-898' Area Code Davtime	Telephone Number
Enclosed is a check for th	e following amount:		
S25.00 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 S		Street Address: Registration Sec	tion
Division of Co	orporations	Division of Corp	orations
P.O. Box 632		The Centre of Ta	
Tallahassee, F	L 02014	2410 IN. IVIORIO	Street, Suite 810

Tallahassee, FL 32303

(((H24000208169 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Moshi Mo	oshi Management LLC		
(Name of the Limited	Liability Company as it now appears on Florida Limited Liability Company)	our records,)	
The Articles of Organization for this Limited Liab	oility Company were filed on 01/10	0/2019	and assigned
Florida document numberL19000012857	·		
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liability company here:		
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the design	ation "LLC" or thi	e abbreviation "L.L.C."
Enter new principal offices address, if applical	ole:		
(Principal office address MUST BE A STREET	ADDRESS)		2/
			<u> </u>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	OX)	-	
			
1;		· -	io iĝin
B. If amending the registered agent and/or reg agent and/or the new registered office address Name of New Registered Agent:		ds, <u>enter the n</u>	ame of the new registered
	1555 NE 123 Street		
New Registered Office Address:	Enter Florida street address		
	North Miami	, Florida	33161
	City	······································	Zip Code
New Registered Agent's Signature, if changing Re-	gistered Agent;		
I hereby accept the appointment as registered	agent and agree to act in this capa	city. I further i	agree to comply with the

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

(((H24000208169 3)))
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

Title	<u>Name</u>	Address	Type of Action
			 □Changc
•			 □Add
			 □Remove
			 Change
			 □Adg= □ Lagg= : =
			
			 ☐Remove
			 □Add
			 □Remove
			 Change
			 □Add
			 □Remove
			 Change
·			
			 ⊡Remove
			 Change

' D. If a	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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		ö .
· Ecc	orthys data. If other than the date of filings.	
Not	effective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursua if the date inserted in this block does not meet the applicable statutory filing requirements, this date will no ument's effective date on the Department of State's records.	
the re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th of filed.	lay after the
Dat	06/13/2024	
	Toshi Furihata	
	Signature of a member or authorized representative of a member	
	Toshi Furihata Typed or printed name of signee	

(((H24000208169 3)))