119000035372

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Amend

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COVER LETTER

TO:

Tallahassee, FL 32314

FO: Registration Sec Division of Corp					
	OVATIONS, LLC				
SUBJECT:	Name of Limit	ted Liability Company			
		without for filing			
	Amendment and fee(s) are subr				
Please return all correspon	ndence concerning this matter t	o the following:			
	MABELIS E. FERNANDE	ez.			
		Name of Person			
	M & O INNOVATIONS, I	.1.C			
		Firm/Company			
3642 SW 14 ST					
		Address	<u> </u>		
	MIAMI, FL 33145				
		City/State and Zip Code			
	WRITE2MABY@GMAIL.	COM to be used for future annual report noti	Gention		
			meanny		
	oncerning this matter, please ca				
MABELIS E FERNANI		786 586-1242 at ()			
Name o	f Person	Area Code Daytin	ne Telephone 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)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addre		Street Address:	vetion		
Registration Division of C			Registration Section Division of Corporations		
P.O. Box 632	27	The Centre of	Tallahassee		
Tallahassee.	FL 32314	2415 N. Monro	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

M & O INNOVATIONS, LLC			
(Name of the Limited Lia (A Flo	bility Company as it no orida Limited Liability Co	w appears on our recompany)	<u>:ords.</u>)
The Articles of Organization for this Limited Liabilit Florida document number L19000035372	y Company were file	d on <u>02/04/2019</u>	and assigned
This amendment is submitted to amend the following	3 :		
A. If amending name, enter the new name of the	limited liability com	pany here:	
N/A			
The new name must be distinguishable and contain the words	Limited Liability Compa	ny," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	<u>. </u>	
Principal office address MUST BE A STREET AL	DDRESS)		200 F
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX</u>			10:37 AMIO: 37
B. If amending the registered agent and/or regist agent and/or the new registered office address he	tered office address (re:	on our records, <u>ei</u>	nter the name of the new register
Name of New Registered Agent:	//A		
New Registered Office Address:		Enter Florida street a	ddress
			, 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>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	MABELIS E. FERNANDEZ	3642 SW 14 ST	
		MIAMI, FL. 33145	□Remove
			■Change
AMBR	OSBEL FERNANDEZ	3642 SW 14 ST	
		MIAMI, FL. 33145	□Remove
			□Add
			□Remove
			☐ Change
			□ Add
		·	Remove
			Change
			□ Remove
			Change
			□Add
			Remove
			□Change

N/A						
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Effective date, if oth (If an effective date is liste Note: If the date inser document's effective of	rted in this block di	ses not meet the	e applicable sta	f filing or more tha tutory filing requ	(optional) n 90 days after filing irements, this date	.) Pursuant to 605.0207 will not be listed as
he record specifies a del ord is filed.	layed effective date	, but not an eff	ective time, at 1	2:01 a.m. on the	earlier of: (b) Th	ne 90th day after the
Dated FEBRUARY 7	Mhr	. 202	0 7 1 2 1 1			
	1/1/100	uces !	cy authorized to	presentative of a n	van har	<u></u>
	Signa	nure of a member	i bi autilonaco ic	presentative or a n	icinoci	

Filing Fee: \$25.00