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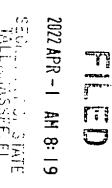
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
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COVER LETTER

TO:

Registration Section Division of Corporations

.c		
Name of Lim	ited Liability Company	
Amendment and fee(s) are sub	mitted for filing.	
ondence concerning this matter	to the following:	
Edwens Prophete		
_	Name of Person	
Mokafe LLC		
8185 Via Ancho Rd #880	805	
	Address	
Boca Raton, FL 33433		
	City/State and Zip Code	······
ekpbiz@gmail.com		
E-mail address: (to be used for future annual report not	ification)
concerning this matter, please ca	all;	
	561 635-2220	
of Person	Area Code Daytin	ne Telephone Number
he following amount:		
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)
	<u>Street Address:</u> Registration Se	ection
Division of Corporations		rporations
	Amendment and fee(s) are sub- condence concerning this matter Edwens Prophete Mokafe LLC 8185 Via Ancho Rd #8803 Boca Raton, FL 33433 ekpbiz@gmail.com E-mail address: (concerning this matter, please concerning this matter concerning this matt	Name of Limited Liability Company Amendment and fee(s) are submitted for filing. Independence concerning this matter to the following: Edwens Prophete

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

	Mokafe LLC	2022 APR -1 AM 8: 19
(Name of the Limited (A	Liability Company as it now appear Florida Limited Liability Company)	TALLA MASSEE, FI
The Articles of Organization for this Limited Liabs Florida document number	ility Company were filed on _	February 11, 2019 and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of th	e limited liability company h	<u>ere</u> :
The new name must be distinguishable and contain the word	s "Limited Liability Company," the	designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or regi agent and/or the new registered office address h		records, <u>enter the name of the new registered</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Fle	orida street address
		, Florida
-	City	Zip Code
New Registered Agent's Signature, if changing Reg	istered 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
CEO	Marcus Prophete	8185 Via Ancho Rd #880805	
		Boca Raton, FL 33433	≣Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□ Remove
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Note: If the	ate, if other than date is listed, the date date inserted in the effective date on the	his block does no	it meet the appl	licable statuto	ng or more than ry filing requir	(option 90 days after ficements, this o	ling.) Pursuant t) 605.0207 : listed as
record spec d is filed.	ciñes a delayed ef	fective date, but i	not an effective	time, at 12:0	La.m. on the e	arlier of: (b)	The 90th day	after the
Natad .	March 15		2022					
Dated			_,	_///_				
_				//				_
		Signature of	a member or d	Thorized repres	entative of a me	nber		
			Edwei	ns K Prophete	:			