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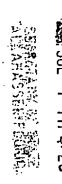
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## **COVER LETTER**

Division of Co	ection rporations	·	
SUBJECT:	Posay Gin	ich them high Liability Company	LC
<del>-//-</del> /	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	- Wikm	A SADKEN Name of Person	
		Firm/Company	
	19215 5	Funsel Bay Dr	1il
	dand Odd	City/State and Zip Code  **Sacheral Amount to be used for future annual report notif	34638 1. cum
For further information of	concerning this matter, please c		
Name o	of Person	at ( <u>973</u> ) <u>985-</u> Area Code Daysime	384-7 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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAIL	JNG ADDRESS:	STRFFT/COURI	ER ANDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

11

Mosey &	Trough Home	UC TO CO
(Name of the Limited A	iability Company as it now appears of lorida Limited Liability Company)	n our records.)
The Articles of Organization for this Limited Liabil	lity Company were filed on 5	- <b>19</b> -2019 and assigned
Florida document number <u>L/9000143</u>		
This amendment is submitted to amend the following	<i>-</i>	
A. If amending name, enter the new name of the	e limited liability company here	:
The new name must be distinguishable and contain the words	"Limited Liability Company," the design	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on or address here:	ur records, enter the name of the he
Name of New Registered Agent:		<u>.</u>
New Registered Office Address:		
	Enter Florida	street address
_	294	, 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 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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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		19215 Sunsel Buy Di Jand O Jakes	Remove
11.		Florida 34638	Change
MGR	Vikma SADLED	Florida 34638 19215 Sunset (Day)	nv K Add
		Sand D SAKeb	Remove
		Florioa 34638	Change
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an effective dat ote: If the da	e is listed, the d ite inserted in	an the date of late must be spec this block doe the Departme	ific and cannot s not meet t	he applicable	ite of filing or m	ore than 90 da g requireme	_ (optional) ays after filing. nts, this date	) Pursuant to 60 will not be list	5.020 ted a:
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Page 3 of 3

Filing Fee: \$25.00