LIGOCO 18CTET

(Demonde Name)
(Requestor's Name)
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(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
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(Document Number)
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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Se Division of Cor					
MOISA OI SUBJECT:	RGANIZATION, LLC Name of Limited Liability Company				
30b/EC1;					
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	MyCorporation Business S	Services, Inc.			
		Name of Person			
		Firm/Company			
	26025 Mureau Road, Suite	120			
		Address			
	Calabasas, CA 91302				
		City/State and Zip Code	- -		
	E-mail address: (to be used for future annual report not	ification)		
For further information c	oncerning this matter, please co	all:			
Processing Deptarment		877 692-6772			
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)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy radditional copy is enclosed)		
Mailing Address		Street Address:	ection		
Registration Section Division of Corporations		Registration Section Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2020 S. -2 F. 1 6: 25

<u> </u>	MOISA ORGAN	SIZATION, LLC	
(Name of the Lim	ited Liability Compa (A Florida Limited)	iny as it now appears on Liability Company)	our records.)
The Articles of Organization for this Limited I Florida document number L19000180787	Liability Company	were filed on _07/24	4/2019 and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	ility company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the design	nation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	2801 N Hwy A12	A, Unit F
(Principal office address MUST BE A STREET ADDRESS)		Fort Pierce, FL 3	4949
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u> </u>	2801 N Hwy A1. Fort Pierce, FL 3	· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office : ess here:	address on our recor	ds, enter the name of the new regist
Name of New Registered Agent:	Anthony Estevez		
New Registered Office Address:	2801 N Hwy	AlA, Unit F	
		Enter Florida s	ireet address
	Fort Pierce		Florida <u>34949</u>
		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 = Manager AMBR = Authorized Member

7 238 -2 Pd 6:25

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Anthony Estevez	2801 N Hwy A1A, Unit F	□Add
		Fort Pierce, FL 34949	□Remove
		•	■ Change
			□Add
			□ Change
			□Add
			□Remove
			Change
			🗀 Add
			□Remove
			□Add
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			Change
			□Add
			□Remove
			□Change

	ing any other information, enter change(s) here: (Attach additional sheets, if necessary).)
•	
-	
Hective an effecti	date, if other than the date of filing: (optional) we date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207
<u>lote:</u> Iti	he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a
oçumeni	's effective date on the Department of State's records.
l is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	8-27-70
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Anthony Estevez, Member
	Typed or printed name of signee

Filing Fee: \$25.00