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COVER LETTER

TO: Registration Se Division of Cor			
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SUBJECT: THE	REFTIMES C	ed Liability Company	· · · · · · · · · · · · · · · · · · ·
	Name of Emm	ed Maintry Company	
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ndence concerning this matter to	o the following:	
	Jananal	lange	
	<u> </u>	Name of Person	
	MUDEMA	<u>studios</u>	
		Firm/Company	
	981 106	ayette Avenue	
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	Browning	City/State and Zip Code	<u></u>
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	E-mail address: tt	mmal@gmail. (co be used for future annual report notif	ication)
For firsther information of	oncerning this matter, please ca	.11-	
For turmer information c	oncerning this matter, piease ea	m.	
Jammal	Vemu	at (954) 675-	4764
Name o	f Person	at (CSU) 675- Area Code Daytime	2 Telephone Number
Enclosed is a check for the	he following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee.
\$25.00 raing ree	Certificate of Status	Certified Copy	Certificate of Status &
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
Mailing Addres	<u>ss:</u>	Street Address:	
Registration	Section	Registration Sec	
Division of C	-	Division of Cor	-
P.O. Box 632		The Centre of T	allahassee e Street, Suite 810
Tallahassee,	r に 343 l4	Z415 IN. MIOHIO	e sheet, suite oro

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THREETIMES (cative			
(Name of the Limited Liabilit (A Florida	y Company as it now appears on our a Limited Liability Company)	records.)		
The Articles of Organization for this Limited Liability Co	ompany were filed on g/q	/19	_ and as	signed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limi	ted liability company here:			
MODEMA SHUAGOS IIC				
MODEMA SAURIOS ILC The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation	"LLC" or the abbre	viation "I	LC."
Enter new principal offices address, if applicable:		57	~ ~ ~	
(Principal office address MUST BE A STREET ADDR	ESS)		J 0	
			(5)	Tr
	-		3	
Enter new mailing address, if applicable:			Des 135	i Ti
(Mailing address MAY BE A POST OFFICE BOX)			ယ်	
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		· · ·		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, g	enter the name o	f the ne	w registere
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street	address		
<u></u>		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 = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			
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