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COVER LETTER

Division of Corporations		
SUBJECT: MAUCO MANUAMO LLC Name of Limited Liability Company		
Name of Limited Liability Company		
The enclosed Articles of Amendment and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Name of Person		
MOUSE MUSICHON LLC Firm/Company		
710 NE 7th Street At 101 Address		
City/State and Zip Code - May Com Mall Lind E-mail address: (to be used for future annual report notification)		
E-mail address: (to be used for future annual report notification)	<u>م</u> سر دري مص	·. -::/
For further information concerning this matter, please call:	.=₹ 1	:: · · · -
Name of Person at (721-) 744-4541 Area Code Daytime Telephone Number	75 AM 9: 05	
Enclosed is a check for the following amount:	וע	55 55 55
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & \Bigcup \\$55.00 Filing Fee & \Bigcup \\$60.00 Filing Fee	tatus &	

MAILING ADDRESS:

TO:

Registration Section

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

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

- May (a)	Markhan 12C	
(Name of the Limit	MWILLIAS LLC Led Liability Company as it now appears on our reco (A Florida Limited Liability Company)	rds.)
The Articles of Organization for this Limited L Florida document number <u>L1900025</u>	ied Liability Company as it now appears on our recompany (A Florida Limited Liability Company) iability Company were filed on $\frac{7C}{C}$	and assigned and assigned
This amendment is submitted to amend the foil	owing:)5
A. If amending name, enter the new name o	f the limited liability company here:	
The new name must be distinguishable and contain the v	vords "Limited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:	
Principal office address MUST BE A STREL	ET ADDRESS)	
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE</u>	<u>BOX)</u>	
3. If amending the registered agent and egistered agent and/or the new registered o	or registered office address on our reconfice address here:	rds, enter the name of the ne
Name of New Registered Agem:		
New Registered Office Address:		
	Enter Florida streat ada	lress
		Florida
	City	гр Соис

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 Anthorized 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
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an effec <u>ote:</u> If	tive date is listed, to fithe date inserted	than the date of the date must be specified in this block does on the Departme	ific and cannot be s not meet the ap	prior to date of fi oplicable statut	ling or more than 90	(optional) days after filing.) Pur nents, this date will	rsuant to 605.0207 not be listed as
reco The 9	ord specifies a 90th day after	delayed effec the record is	tive date, bu filed.	t not an effe	ective time, at	12:01 a.m. on	the earlier o
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		Signatu	re of a member or	authorized repre	sentative of a memb	er	
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Filing Fee: \$25.00