

10/16/23, 11:25 AM

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : TAXLEAF.COM INC
Account Number : I201400000084
Phone : (305)527-6617
Fax Number : (786)713-1940

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MOODEY LLC**

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Corporate Filing Menu

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OCT 17 2023

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

MOODIA LLC

Name of the Limited Liability Company, as it now appears on our records.
(If the LLC has a "doing business as" name, enter that name.)

The Articles of Organization for this Limited Liability Company were filed on 11/05/2019 and assigned
File #/document number: L19000278926

The amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Enter new principal office address, if applicable: 15501 PINES BLVD STE 368
(Principal office address MUST BE A STREET ADDRESS.) PEMBROKE PINES, FL 33029

Enter new mailing address, if applicable: 15501 PINES BLVD STE 368
(Mailing address MAY BE A POST OFFICE BOX.) PEMBROKE PINES, FL 33029

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: BELLAHIMA LLC

New Registered Office Address: 15501 PINES BLVD STE 368

PEMBROKE PINES Florida 33029

New Registered Agent's Signature of 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 that require me to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent as provided for by Chapter 605, F.S. If this amendment 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.

Changing Registered Agent Signature of New Registered Agent

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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>	<u>Address</u>	<u>Type of Action</u>
AMBR	DE OLIVEIRA MACHADO, FERNANDA	18501 PINES BLVD - STE 368	Add
		PEMBROKE PINES, FL 33029	Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			Change

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D. If amending any other information, enter change(s) here: *Attach additional sheets if necessary.*

E. Effective date, if other than the date of filing: _____ (optional)

or, if effective date is not the date of filing, specify the information being amended. If more than 90 days after filing, submit the 205-210-1131 form.

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, not later than 90 days after the date of filing, or the 90th day after the record is filed.

Filed: OCTOBER 10/11

2023

FERNANDA DE OLIVEIRA MACHADO

Registered Professional Accountant

Filing Fee: \$25.00

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