

L2000221775

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

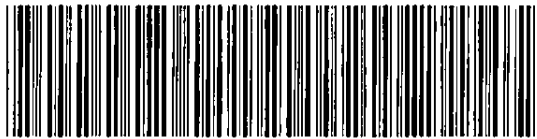
(Business Entity Name)

(Document Number)

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2024 AUG 20 PM 1:42
SECRETARY OF STATE
FALL RIVER, CT

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MOMA'S EYE LLC

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:

PAULINO DIAZ

Name of Person

Firm/Company

310 JEFFERSON AVE # 3

Address

MIAMI BEACH, FL 33139

City/State and Zip Code

PAULINO@POP-LG.COM

E-mail address: (to be used for future annual report notification)

2024 AUG 20 PM 1:42
SECRETARY OF STATE
TALLAHASSEE, FL

For further information concerning this matter, please call:

PAULINO DIAZ

305-205- 9663

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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)

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MOMA'S EYE LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 07/27/2020 and assigned
Florida document number L20000221775.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

310 JEFFERSON AVE #3

MIAMI BEACH, FL 33139

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

PAULINO DIAZ

New Registered Office Address:

8325 NE 2ND AVE

Enter Florida street address

MIAMI

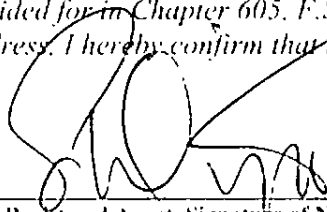
Florida 33138

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	PAULINO DIAZ	310 JEFFERSON AVE #2	<input checked="" type="checkbox"/> Add
		MIAMI FL 33139	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MIKAELA DIAZ	2937 CENTER ST	<input type="checkbox"/> Add
		MIAMI FL 33133	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	VALENTINA DIAZ	2937 CENTER ST	<input type="checkbox"/> Add
		MIAMI FL 33133	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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SECRETARY OF STATE
TALLAHASSEE, FL

2024 AUG 20 PM 1:42

2024 AUG 20 PM 1:43
SECRET RVD 201E
TALLAHASSEE

2024 AUG 20 PM 1:43
SECRET RYAN
TALLAN

(If an effective 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 (3)(b)

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.

Dated AUGUST 1 2024

HELGA DIAZ

Typed or printed name of signee