## L20000237632

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## **COVER LETTER**

	gistration Servision of Cor		•	
SUBJECT:		IOISES MMA LLC	•	· : •
		Name of Lim	ited Liability Company	
The enclose	d Articles of .	Amendment and fee(s) are sub	mitted for filing	
		ndence concerning this matter	-	
		<b>6</b>		
		THIAGO H MOISES		
			Name of Person	
		THIAGO MOISES MMA	LLC	
			Firm/Company	
		1245 SW 46TH AVE UNI	Т 1207	
			Address	
		POMPANO BEACH, FL	33069	
			City/State and Zip Code	
		thiagohmoises@gmail.com		
P E			to be used for future annual report not	лисаноп)
ror further t	miormation co	oncerning this matter, please co	an;	
THIAGO H	MOISES		954 305-8072 at ()	
	Name of	f Person	Area Code Daytin	ne Telephone Number
Enclosed is	a check for th	e following amount:		
■ \$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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

THIAGO MOISES MMA LLC		
( <u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our records.) iability Company)	<del></del>
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000237632</u>	were filed on 08/06/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
he new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)	<u></u>	
		63
	11 ميشي ماه الهار العام ود ع	E B
Enter new mailing address, if applicable:		+ -
Mailing address MAY BE A POST OFFICE BOX)		
	The sales	JO
		(t) \$25
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	ddress on our records, enter the n	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, 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 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>	Address	Type of Action
AMBR	THIAGO H MOISES	1245 SW 46TH AVE UNIT 1207	□ Add
		POMPANO BEACH, FL 33069	Remove
			<b>■</b> Change
MGR	MARIA CRISTINA TONI	1245 SW 46TH AVE UNIT 1207	□Add
		POMPANO BEACH, FL 33069	<b>≡</b> Remove
			□Change
			□Add
			Remove
			□Change
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vote:	e date, if other than the date of filing:
recor	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	/27/2020
ated	<del></del>
	- DocuSigned by:
	Thinas H Maises
	Thiago # Moises

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