## L20000247598

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
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(Document Number)
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## **COVER LETTER**

Division of Co	rporations		
SUBJECT:		(a love L) (	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jean	Name of Person	
		Moralove LLC Firm/Company	·
	5521 NW 19	St Ave API3	
	Miami, FL	33127 City/State and Zip Code agenekagmail.Com to g used for funge annual report notifi	
	jeanne more	agenel@qmail.com	<u> </u>
For further information c	oncerning this matter, please ca		2021 Oc 17.1.1
Jeanne L	Moragene FPerson	at ( <u>631</u> ) <u>691 - 8</u> Area Code Daytime	7 Telephone Number 6
Enclosed is a check for the	ne following amount:		
₩ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	

\* TO: \* Registration Section

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



(Name of the Limited Liability Comp.) (A Florida Limited	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 2000 2 H 7598</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	Ity Company." the designation "L.C."  16463 NE 6th Ave  N. Miami Bch, FL 33/62
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	995 NW 119th ST Unit 680. Miami, FL 33168
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:  Total	address on our records, enter the name of the new registers.

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with 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 v being filed to merely reflect a change in the registered office address. Thereby confirm that the limited liability company has been notified in writing of this change.

16463 NE 6th Ave

Enter Florida street address

N. Miami Bch Florida

If Changing Registered Agent Algorithm of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being aqueo or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

Title	<u>Name</u>	Address	Type of Action
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			□Remove
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	(A) (A)
ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date tote: If the date inserted in this block does not meet the applicable state ocument's effective date on the Department of State's records.	(optional) of filing or more than 90 days after filing.) Pursuant to 605.0
record specifies a delayed effective date, but not an effective time, at is filed.	42:01 a.m. on the earlier of: (b) The 90th day after t
10/12/2021	
$\frac{10/13/2021}{4000}$	