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(Po	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	
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NOV 10 2020 M. SOLOMON

COVER LETTER

		COVERCEDITER			
TO: Registration : Division of Co					
SUBJECT:	MAMAMIA & CO	LLC			
<u> </u>		ited Liability Company			
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	oondence concerning this matter	to the following:			
	Bri #ne	Solano Name of Person			
		Name of Person			
	MAMAMIA				
		Firm/Company			
	7445 SW 3	69th Terrace			
		Address		2020	
	Miami FL	., 33155 City/State and Zip Code		2020 OCT -2 AM 10: 02	FILED
				- 영화 2 	in.
	E-mail address: (no@aol.com to be used for future annual report notif	ication)		\bigcirc
For further information	concerning this matter, please c	all:		# 02	
Bri Hney S	olano	at (305) 439-7	449		
Name	of Person		: 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 Certificate of Certified Copy (additional copy	Status &	

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAMAMIA X O					
(Name of the Limited	Liability Company Florida Limited Lia	as it now appears on oblity Company)	our records.)	200 C Tarid assigned	
				- A B	:
The Articles of Organization for this Limited Liab	oility Company w	ere filed on Augus	+ 17,2020	and assigned	_
Florida document number <u>L</u> 20000251122		v			7
This amendment is submitted to amend the follow				2 AM 19: 02	
A. If amending name, enter the new name of the	he limited liabili	ty company here:			
The new name must be distinguishable and contain the wor	ds "Limited Liability	Company," the designation	ation "LLC" or the al	obreviation "L.L.C."	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		7445 SN	39th Terr	ace	
		Miami F	-, 33155		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>0x)</u> .		39 th Terr -, 33155	ace	
B. If amending the registered agent and/or reg agent and/or the new registered office address	•	dress on our recor	ds, <u>enter the nan</u>	ie of the new register	red
Name of New Registered Agent:	Bri Hr	ney Solano			
New Registered Office Address:		Enter Florida st	rrace		
	Miami			33155 Zip Code	
		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>	Address	Type of Action
			□Add
			□ Remove
			□ Change
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