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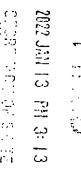
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## **COVER LETTER**

Division of Corporations	
SUBJECT: SUBJECT: Name of Limited Liability C	Company
The enclosed Articles of Amendment and fee(s) are submitted for fili	ing.
Please return all correspondence concerning this matter to the following	ing:
4817 Keeneland  Addi  MANDO, FL  City/State an	MOXICS, LLC. company  CINCLE tress
For further information concerning this matter, please call:	uture annual report notification)
	Add Daytime Telephone Number
Enclosed is a check for the following amount:	
Certificate of Status Certific	Filing Fee &   \$60.00 Filing Fee,  ed Copy  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

The Articles of Organization for this Limited Liability Company were filed on \$\frac{\mathcal{S}\left(17\left)\partial 0\partial 0}{\mathcal{S}\left(17\left)\partial 0\partial 0}\$ and assigned  Florida document number \$\frac{\mathcal{L}\partial 0000\partial 5\partial 1}{\mathcal{L}\tangle}\$  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:
Florida document number <u>L 20000252.161</u> 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)
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:
New Registered Office Address:  Enter Florida street address
, Florida

## 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
MGR	<u> buillermo FARIA</u>	4817 Keeneland	<b>X</b> Add
		Circle, Orlando, FZ	□Remove
		32819	□Change
			□Add
			□Remove
			□Change
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ivote:	ive date, if other than the date of filing:
ne recor	d 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 led.
	JANUMY 87", 2022
Dated	<u>1/8/22_/</u>
	XIMayon Mur.
	Manature of a member of authorized representative of a member

Filing Fee: \$25.00