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(Requestor's Name)	
	Address)	
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(Address)	
	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
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(Business Entity Name)	
	Document Number)	
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Special Instructions to F	iling Officer:	
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		J. HORNE
		AUG 2 1 2023

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TALLAHASSEE, FLORIDA

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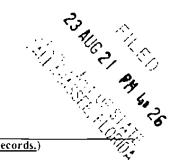
TO: 'Registration S Division of Co			⊌?
SUBJECT: HU	MY Moturs L Name of Lin	LC nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	bmitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Shaunec	MOYE Name of Person	
	Helix	1 MOYOVS LLC Firm/Company	
	2907 N.3	32nd CUVL Address	
	tan	Pa & 33605 City/State and Zip Code	
	Heavy Mohy E-man address: (to be used for future annual report notif)(ication)
For further information c	oncerning this matter, please c	all:	
Shunce Name o	Cly Mwrd Person	at (<u>913</u>) <u>913-</u> Area Code Daytime	970-3151 Telephone Number
Enclosed is a check for the	ne 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

11



TROWN MOTIFS LUC	
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) lability Company)
The Articles of Organization for this Limited Liability Company Florida document number 120000306544.	were filed on 912912020 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:
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2907 N. 32nd ave
(Principal office address MUST BE A STREET ADDRESS)	tampa PL 33605
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:	necey Moore
New Registered Office Address: 290	17 N. 32hd au Tumpa Fl, 3360
Tampa	Florida 33605 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.

f 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 = M $AMBR = A$	lanager authorized Member		
<u>Title</u>	Name	Address	Type of Action
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	members the same please		□Remove
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(If an eff Note:	ive date, if other than the date of filing:
f the 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 ed.
Dated	Signature of a member or authorized representative of a member
	Showner Moore Typed or printed name of signee