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COVER LETTER

	Registration Se Division of Cor			
eun ire	монгног	LDINGS LLC		
SUBJEC	T:	Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please ret	urn all correspo	ondence concerning this matter	to the following:	
		ZIA MOHI		
			Name of Person	
		MOHI HOLDINGS LLC		
			Firm/Company	
		133 SW 159TH WAY		
			Address	
		SUNRISE/ FL 33326		
			City/State and Zip Code	
		CHERIEDOLIVER@GMA	AIL.COM	
		E-mail address: (to be used for future annual report notification)	
For furthe	er information c	oncerning this matter, please c	all:	
CHERIE	моні		404 805-1950 at ()	
	Name o	f Person	at () Area Code ——Daytime Telephone Nu	imber
Enclosed	is a check for the	he following amount:		
■ \$ 25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certadditional copy is enclosed) Cert	00 Filing Fee, tificate of Status & tified Copy itional copy is enclosed)
Ī	Mailing Addres Registration S	Section	Street Address: Registration Section	
	Division of C P.O. Box 632		Division of Corporations The Centre of Tallahassee	
	Tallahassee, l		2415 N. Monroe Street, Su	ite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MOHI HOLDINGS LLC		
(Name of the Limited Liability Comp. (A Florida Limited	nny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 12-09-2020	and assigned
Florida document number 600356310626		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LEC" 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:		For 55
(Mailing address MAY BE A POST OFFICE BOX)		OCT
		AS.
		A.
B. If amending the registered agent and/or registered office	address on our records, enter the	name of the new register
agent and/or the new registered office address here:		DRIII
		₩. ¥
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:		
	Enter Florida street address	
	, Florid	a
	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>	<u>Address</u>	Type of Action
MGR	SHAMSADDIN MOHIE	133 SW 159TH WAY	
		SUNRISE, FL 33326	■Remove
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Effective date, if other than the date of filing: f an effective date is fisted, the date must be specific and cannot be prior to date of filing or more Note: If the date inserted in this block does not meet the applicable statutory filing r document's effective date on the Department of State's records.	(optional) e than 90 days after tiling.) Pursuant to 605.0207 requirements, this date will not be listed as
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on rd is filed.	the earlier of: (b) The 90th day after the
Dated OCTOBER 7 . 2021 .	
Senature of a member or authorized representative of	i a member
ZIA MOHI	

Filing Fee: \$25.00