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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: 1	mammal 1	C	
sobsect. JACT A	Name of Lim	ited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	Cedric L.	Carrolls Sr.	
	Whooar	Firm/Company	
	3417 N.	49 th St. Address	
	Tampa F	City/State and Zip Code	
	Shan i que	ebryan+ @ amo	Gil. Com
For further information co	ncerning this matter, please c		
Shani qu Namur	s Bryant Person	at (<u>331)</u> <u>805 -</u> Area Code Daytime	Telephone Number
Enclosed is a check for the	e 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)
Muiling Address		Samue A.I.I	

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

MHOOAMAN LLC 21 JUL-5 PH12: 17
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on $(0 - 11 - 202)$ and assigned Florida document number (2.000013838) .
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: Carrolls
New Registered Office Address: 34 17 N. 49th St. Enter Florida street address

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

Tampa Florida 33605

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

	horized Member		AVIOLATING TO THE PROPERTY OF THE PARTY OF T	
<u>Title</u>	Name	Address	21 IIII -6 PH 12: 17	Type of Action
MGR	Name Shanique Bryant	Le908 Se	aport Ave Temple Te	Pricinal
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	21 JUL -6 PH 12: 17
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fective date, if other than the date of filing in effective date is listed, the date must be specific an ote: If the date inserted in this block does not occument's effective date on the Department of	meet the applicable statutory filing requirements, this date will not be listed as
record specifies a delayed effective date, but no is filed.	of an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ned 10-11-2021	.·,
Signature of b	ymember or authorized representative of a member
<u>Shanique</u>	