## 121000085082

(Re	equestor's Name)	
(Ac	ddress)	
	<del>-</del> -	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone #	<del>)</del>
PICK-UP	☐ WAIT	MAIL
(Ві	usiness Entity Name	<u>.</u>
(Dc	ocument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	





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## **COVER LETTER**

TO: Registration Section Division of Corpor				
SUBJECT: NOFSC	Name of Limite	d Liability Company	- contra ·	
The enclosed Articles of Am	endment and fee(s) are submi	itted for filing.		
Please return all corresponde	nce concerning this matter to	the following:		
	Michael Du	Name of Person		
	NUTSOCOMMON	Firm/Company	<del></del>	
	2827 3LM A	Address		
-	E-mail address) (to	De used for future annual report notifi	cation)	
For further information conce	erning this matter, please call	:		
MICHAEL DIPYIS Name of Per	son	at (121) 201 - 22 Area Code Daytime	Telephone Number 202	44
Enclosed is a check for the fo	ollowing amount:			1129
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)	ار . بار . چیست

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

MOHJOCOMMO			
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number 12100085082.	were filed on <u>09   19   2021</u>	and assi	gned
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 Liabil	ity Company," the designation "LLC" or t	he abbreviation "L.I	J.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)			
			<del></del> _
B. If amending the registered agent and/or registered office a	ddress on our records, enter the	name of the new	registered
agent and/or the new registered office address here:		921	
		=======================================	
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·	····
N. D. '. LOW AND			•
New Registered Office Address:	Enter Florida street address	<u> </u>	نس
		- 13	<del></del>
	, Florid	Zip Code	
	C	7-145/ V1744C	

## 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 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
MUR	Michael Dulois	2827 3000 Arc N.	□Add
		Sount Peterslang FL 33713	□Remove
		Sount Prterslang FL 33713 From Ambr to Mbr	\sum{\omega} Change
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ffect	ive date, if other than the date of filing: (opt	tional) 🍰	न् <u>व</u> ऋ
an cf ote:	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after after the date inserted in this block does not meet the applicable statutory filing requirements, the third is effective date on the Department of State's records.	er filing.).Pur	suant to 605.02 not be listed
reco Lis fi	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (led.	(b) The 90	th day after th
	04/14/2021 .		
	Michael Person		
Dated	M 14 JOD ,  Michael Manager of a member of authorized representative of a member		<del></del> -