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JUN 10 2022

M. SOLOMON

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: ROC	SAMATH LL		• •
SUBJECT: CO		ited Liability Company	<u> </u>
The enclosed Articles of A	amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Roimar	DiaZ Name of Person	.
		Firm/Company	
	308 NW 3	ord Ct	
		Address	100 200
	Hallanda	City/State and Zip Code	
	ion accionate Ha III		
	E-mail address: (1	CR GMCW . Wim to be used for future annual report notifi	cation)
For further information co	ncerning this matter, please ca	all:	
Romar J	Diaz	at (754) 230 10	185
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	e following amount:		
□ \$25.00 Filing Fee	S30.00 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 So		Street Address: Registration Sect	tion

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 2022 APR 25 PH 2:01

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MOGAMATH	LLC	
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on or Limited Liability Company)	ir records.)
The Articles of Organization for this Limited Liability C Florida document number 421000124040	·	and assigned
This amendment is submitted to amend the following:	<u> </u>	
A. If amending name, enter the new name of the limi	ited liability company here:	
A. If alliending hame, enter the new hame of the film	nea natinty company nere.	
The new name must be distinguishable and contain the words "Limitation of the contain	ited Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	(ESS)	
		2022
		D
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		71.4
The state of the s		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our records	(1)
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	et address
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered	d 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>	Name	Address	Type of Action
AMBR	Roimar Diaz	308 NW 3rd CT	🗆 Add
		Hallandale El 33009	□Remove
		PFOT AMBR	🗷 Change
AMBR	Maria Da Coimara	308 NW 3rd CT	⅓ Add
		Hallandale FI 33009	□Remove
			□Add
			□Remove
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			Charge PR 25 PH 2
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 	Gi	ite of tiling or more than	(optional)	.) Pursuant to	
Tective date, if other than the date on effective date is listed, the date must be specite: If the date inserted in this block does cument's effective date on the Department.	ific and cannot be prior to da s not meet the applicable			will not be	
n effective date is listed, the date must be spec te: If the date inserted in this block doe	ific and cannot be prior to da s not meet the applicable nt of State's records.	statutory filing requi	rements, this date		
n effective date is listed, the date must be spec- te: If the date inserted in this block does cument's effective date on the Department ecord specifies a delayed effective date, be	ific and cannot be prior to da s not meet the applicable nt of State's records.	statutory filing requi	rements, this date		
n effective date is listed, the date must be specite: If the date inserted in this block does cument's effective date on the Department countries a delayed effective date, I is filed.	ific and cannot be prior to da s not meet the applicable nt of State's records.	statutory filing requi	rements, this date		