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(((H22000367260 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMITER & SINGER, LLP

Account Number : I20000000085 Phone : (561)626-4742 Fax Number : (561)626-4742

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Corporate @ comiter singer. com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

M.O.D. LLC

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OCT 28 2022

K. Brumbley

Registration Section

Tallahassee, FL 32314

TO:

HZZ0003672603

COVER LETTER

| Division of 6 | Corporations | | |
|-----------------------------------|------------------------------------|---|---|
| M.O.D. | LLC | | |
| SUBJECT: | Name of Lin | nited Liability Company | |
| | | | |
| The enclosed Articles | of Amendment and fee(s) are sul | omitted for filing. | |
| Please return all corre | spondence concerning this matter | to the following: | |
| | Jared E. Moskowitz | | |
| | | Name of Person | |
| | | LIGHT ST. VIDEL | |
| | | Firm/Company | |
| | 1035 N. Barnsley Drive | | |
| | | Address | |
| | Parkland, FL 33076 | | |
| | , | City/State and Zip Code | |
| | jaredparkland@aol.com | | |
| | E-mail address: (| to be used for future annual report no | tification) |
| For further information | n concerning this matter, please o | all: | |
| Jared E. Moskov | vitz | 954 600-6949 at () | |
| Nan | ne of Person | Area Code Daytis | me Telephone Number |
| Enclosed is a check for | or the following amount: | | |
| □ \$25.00 Filing Fee | | \$55,00 Filing Fee & Certified Copy (additional copy is enclosed) | \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| <u>Maliing Add</u> Registratio | | Street Address: Registration Se | ection |
| Division of | F Corporations | Division of Co | rporations |
| P.O. Box 6 | 327 e, FL 32314 | The Centre of 2415 N. Monre | Tallahassee De Street, Suite 810 |

Tallahassee, FL 32303

MODIIC

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limit | d Liability Comps A Florida Limited | iny as it now appears on ou Liability Company) | r records) | | |
|--|--|---|--------------------------|--------------------|--|
| The Articles of Organization for this Limited Lie Florida document number L21000199743 | ability Company | were filed on May 7, 20 | 121 | and assigned | |
| This amendment is submitted to amend the follo | wing: | | | | |
| A. If amending name, enter the new name of | the limited liab | ility company here: | | | |
| The new name must be distinguishable and contain the wo | ords "Limited Liabi | lity Company," the designation | on "LLC" or the abbrevia | ation "L.L.C." | |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | | 10305 N. Bamsley Dri | ve . | | |
| | | Parkland, FL 33076 | | | |
| Enter new mailing address, if applicable: | | 10305 N. Barnsley Dri | ve | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | Parkland, FL 33076 | | | |
| B. If amending the registered agent and/or reagent and/or the new registered office address Name of New Registered Agent: | • | | enter the name of t | the new registered | |
| New Registered Office Address: | 3825 PGA Bor | levard, Suite 701 | | 5 | |
| | 53231 671 500 | Enter Florida strei | u address ; ; - | | |
| | Palm Beach Ga | ardens | , Florida 33410 | . j 859 | |
| | <u> </u> | City | | p Code | |
| New Registered Agent's Signature, if changing R | egistered Agent; | | | . 05 | |

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 Type of Action Address Title Name _____ Change _____ Change ____ CiRemove ______ Change □ Remove _____ 🗀 Add

_____ Change

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| ote: If the date in | ther than the date of filitied, the date must be specific as seried in this block does not a date on the Department of | t meet the applicable : | e of filing or more than 90 da | (optional) ys after filing.) Pursuant to 6 nts, this date will not be li | 05,0207 sted as |
| record specifies a | lelayed effective date, but no | ot an effective time, a | t 12:01 a.m. on the earlie | r of: (b) The 90th day af | ter the |
| Octuber 26 | | 1 2022 | 0 0_ | | |
| | / | the this | تسترمس | | |
| | Signature of a | member or authorized | representative of a member | | |