## L21000227111

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
10/19/al Tm

Office Use Only



500374041475

10/12/21--01016--027 \*\*25.00

21 OCT 12 PH 3: 24

## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations		
SUBJECT: MOAN Sar	ndwiches 1.1.C		
<u> </u>		ited Liability Company	
The enclosed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Oscar Zapata		
		Name of Person	
	MOAN Sandwiches	Firm/Company	
	1090 NE 105th St.	Address	
	Miami Shores, FL. 33138	City/State and Zip Code	<del>.</del>
	oscar@MOANsandwiches. E-mail address: (	•	fication)
For further information c	oncerning this matter, please ca	all:	
Oscar Zapata		at (305 ) 336.3967	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration Sec	ction
Division of C		Division of Cor	
P.O. Box 632		The Centre of T	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

**OF** 

MOAN Sandwiches, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

of the limited liab	ility company her	<u>e</u> :	
words "Limited Liabi	lity Company," the des	signation "LLC" or the abbreviation "L.L.C."	
	356 NW 24th St.		
(Principal office address MUST BE A STREET ADDRESS)		Miami, Fl. 33127	
	<del></del>		
	1090 NE 105th S	t	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		Miami Shores, Fl. 33138	
	address on our rec	cords, enter the name of the new registered	
NVous Investn	nents, LLC		
1090 NE 105th		la street address	
	words "Limited Liabi icable: ET ADDRESS) E BOX) registered office: ess here: NVous Investo	words "Limited Liability Company," the desicable:    356 NW 24th St.     ET ADDRESS    Miami, Fl. 33127     1090 NE 105th S     Miami Shores, Fl.     registered office address on our recess here:   NVous Investments, LLC     1090 NE 105th St.	

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

	3.1
* * *	9 - <sup>7</sup> - 11 - 1
	- 27 10 PH 3: 24

Title	Name	Address 21 OCT 12 First	Type of Action
MGR	Monica Zapata	15463 SW 276 ST.	□Add
		Homestead, Fl. 33032	■Remove
			□Change
MGR Abraha	Abraham Masarweh	3330 NE 190 ST. APT. 2710	□Add
		AVENTURA, FL 33180	■Remove
			□Change
<u>MGR</u>	NVous Investments, LLC	1090 NE 105th St.	<b>=</b> Add
		Miami Shores, Fl. 33138	□Remove
			Change
MGR	Ludus Magnus Group, LLC	14017 SW 130 CT	<b>=</b> Add
		MIAMI, FL 33186	Remove
			□Change
			□Add
			□Remove
		<del></del>	□Change
			□Add
			□Remove
			Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	21 OCT 12 PH 3: 24
	2100,10
(If an e <u>Note</u>	tive date, if other than the date of filing: 10.07.2021 (optional) ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(to 1) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
If the record is	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Date	Signature of a member or authorized representative of a member
	Oscar Zapata - Manager of MOAN Sandwiches, LLC