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TO:	Registration Se Division of Cor			
CHDH	ECT. NACYON	nashley MMR	Vaile 11C	
SUBJI	eer. Wichiga	Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Plcase	return all correspo	ndence concerning this matter	to the following:	
		Morgan Balai	Name of Person	
			Firm/Company	
		20823 Wenda	11 Terr Address	
		Boca Daton, 1	FL 33433 City/State and Zip Code	
		Morganashk E-mail address: (to be used for future annual report notin	mil.com
For fur	ther information co	oncerning this matter, please of	all:	
No	rgan Galo	Person	at (941) 914 2 Area Code Daytime	Telephone Number
Enclos	ed is a check for th	e following amount:		
\$ \$2	5.00 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)

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

MOYGONOShicu MAR Nous LLC

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

(A Florida Limited Liability Company)

of Organization for this Limited Liability Company were filed on \(\textstyle \textstyle

The Articles of Organization for this Limited		of On 1/210/21 and assigned
Florida document number L21000262	2A2	
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name	of the limited liability company hen	2:
NA		
The new name must be distinguishable and contain the	words "Limited Liability Company," the des	ignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	<u> </u>
		2021
		AG T
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<i>BOX</i>)	<u> </u>
		<u> </u>
B. If amending the registered agent and/or agent and/or the new registered office addr	registered office address on our rec ess here:	ords, enter the name of the new registered
Name of New Registered Agent:	Morgan Galaider	
New Registered Office Address:	20823 Wendall Tox	a street address
	Boca Raton Cirv	Florida 38433 Zip Code
	Cuy	ыр ств

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

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
AMBR	MorganGalaider	20823 Wendall Terr	
	-	Boca Daton, FL 33433	□Remove
			□Add
			□Remove
			Change
			□ Add
			□ Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
		 	□Change
			🗆 Add
			Remove
			DChange

. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an et Note:	tive date, if other than the date of filing:
he reco ord is f	rd 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 iled.
Dated	1 1 En Daides
	Signature of a member or authorized representative of a member
	Morgan Galaider Typed or printed name of signee