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(Requestor's Name)
(Address)
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(6, 10, 17, 10)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration Se Division of Cor			
STREET MA	Micada 4C		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subr	mitted for filling.	
Please return all correspo	ondence concerning this matter t	to the following:	
	MOR_Miracle		
		Firm/Company	
	6876 northw	Jest zuch Street	
	margak F	City/State and Zip Code Car on to be used for future annual report notif	ication)
For further information of	concerning this matter, please co	all:	
Name c	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
S25.00 Filing Fee			

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

FILED

2023 JAN 12 PM 4:59

Moe_Miracle Lic	_ SECRE_ N CONT
(Name of the Limited Liability Compar (A Fiorida Limited L	iv as it now appears on our records.) SECRE TALLAHASSEE, FL
The Articles of Organization for this Limited Liability Company	were filed on07/15/3021 and assigned
Florida document number <u>L210005727303</u>	•
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
MOE Miracle itc The new name must be distinguishable and contain the words "Limited Liabil	
The new name must be distinguishable and contain the words "Limited Liabil	
Enter new principal offices address, if applicable:	2637 E Atlantic Blud # 1416
(Principal office address MUST BE A STREET ADDRESS)	2637 F Atlantic Blud # 1416 Pumpano Beach, FL 33062
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
agent and/or the new registered office address here.	
Name of New Registered Agent: Warlow	Francis
New Registered Office Address: 6876 No	Francis thwest 2nd st reserved address Enter Florida street address City Zip Code
ware	City Florida 33063
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is address. I hereby confirm that the limited liability

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 = M $ AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Rеточе
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effective date is listed, the care inserted	than the date of filing he date must be specific and I in this block does not no e on the Department of S	cannot be prior to d neet the applicable	ate of filing or more than	(optional) 90 days after filing.) Pursu rements, this date will r	uant to 605.02 not be listed
cord specifies a delaye filed.	ed effective date, but not	an effective time	, at 12:01 a.m. on the c	earlier of: (b) The 90th	i day after th
ed 10/12/2 3		· /			•
		1	ed representative of a me		