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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificate | s of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

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| | egistration Se ivision of Co | | | | |
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| eun irot | MoMac Er | nterprises. LLC | | | |
| SUBJECT | : | Name of Lin | nited Liability Company | | |
| The enclose | ed Articles of | Amendment and fee(s) are sub | omitted for filing. | | |
| Please retui | rn all correspo | ondence concerning this matter | to the following: | | |
| | | Maurice L NeSmith | | | |
| | | | Name of Person | | |
| | | Enterprises. LLC Name of Limited Liability Company of Amendment and fee(s) are submitted for filing. spondence concerning this matter to the following: Maurice L NeSmith Name of Person MoMae Enterprises, LLC Firm/Company 9736 Watershed Dr. S Address Jacksonville, F1, 32220 City/State and Zip Code nesmithm99@gmail.com E-mail address: (to be used for future annual report notification) in concerning this matter, please call: at (904) 994-2683 Area Code Daytime Telephone Number; or the following amount: | | | |
| | | - | Firm/Company | | tus & |
| | | 9736 Watershed Dr. S | | | |
| | | <u>_</u> | Address | | |
| | | Jacksonville, F1, 32220 | | | |
| | | | City/State and Zip Code | | |
| | | | | | |
| | | E-mail address: (| to be used for future annual report no | ification) | |
| For further | information o | concerning this matter, please c | all: | | |
| Maurice N | eSmith | | 21 (| | |
| | Name o | of Person | Area Code Daytir | ne Telephone Number | |
| | | | | | (D) |
| Enclosed is | a check for th | he following amount: | | - | - |
| € \$25.00 | Filing Fee | | Certified Copy | ☐ \$60.00 Filing Fee.; Certificate of Status & Certified Copy (additional copy is onclosed) | : J |
| | | | | 24 | |
| Ro Di | ailing Address egistration S ivision of C O. Box 632 | Section Corporations | Street Address: Registration So Division of Co The Centre of | rporations | |
| Та | illahassee, l | FL 32314 | 2415 N. Monro | oe Street, Suite 810 | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Phis amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LL Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office address on our records, enter the name of the new negation and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida 1 Zip Code Sew Registered Agent's Signature, if changing Registered Agent: | | MoMac Enterprises, LLC |
|--|---|--|
| The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LL. Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new igent and/or the new registered office address here: Name of New Registered Agent: | pany as it now appears on our records.) d Liability Company) | (Name of the Limited Liability Comp (A Florida Limited |
| A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LL. Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Muiling address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City City Tap Code See Registered Agent's Signature, if changing Registered Agent: | ny were filed on July 22, 2021 and assigned | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City City New Registered Agent's Signature, if changing Registered Agent: | | his amendment is submitted to amend the following: |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Chy New Registered Agent's Signature, if changing Registered Agent: | ability company here: | If amending name, enter the new name of the limited lia |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida 1 Zip Code New Registered Agent's Signature, if changing Registered Agent: | bility Company." the designation "LLC" or the abbreviation "L.L.C." | he new name must be distinguishable and contain the words "Limited Liab |
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| New Registered Office Address: Enter Florida street address | | Principal office address MUST BE A STREET ADDRESS) |
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| Name of New Registered Agent: New Registered Office Address: Enter Florida street address City City New Registered Agent's Signature, if changing Registered Agent: | | |
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| Enter Florida street address Florida City Zip Code New Registered Agent's Signature, if changing Registered Agent: | | Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office gent and/or the new registered office address here: |
| City . Florida | | Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office gent and/or the new registered office address here: |
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| or and the second of the secon | Enter Florida street address Florida | Mailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office gent and/or the new registered office address here: Name of New Registered Agent: |
| I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this documbeing 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. | Enter Florida street address Florida Zip Code | Mailing address MAY BE A POST OFFICE BOX) I. If amending the registered agent and/or registered office gent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: |

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> | <u>Address</u> | Type of Action |
|--------------|----------------------------|------------------------|----------------|
| SEC | Ronnie B Williams | 9249 Caracara Dr | |
| | | Jacksonville, FL 32210 | ■Remove |
| | | | □Change |
| SEC | Ronnie Bailey Williams Jr. | 9249 Caracara Dr | |
| | | Jacksonville, FL 32210 | □Remove |
| | | | □Change |
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| Tective date, if other than the date of filing: | | |
| an effective date is listed, the date must be specific and cannot be prior to date of ote: If the date inserted in this block does not meet the applicable statuscument's effective date on the Department of State's records. | filing or more than 90 days after filing.) Pursu utory filing requirements, this date will n | uant to 605.02 not be listed |
| record specifies a delayed effective date, but not an effective time, at 13 is filed. | 2:01 a.m. on the earlier of: (b) The 90th | n day after th |
| ated | | |
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Filing Fee: \$25.00