L21000352235

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COVER LETTER

TO:		stration Sec sion of Corp			
oun te		Mommies to	Mamis, LLC	• . •	•
SUBJE	CI:		Name of Lim	nited Liability Company	
The encl	losed	Articles of A	Amendment and fee(s) are sub	omitted for filing.	
			ndence concerning this matter	-	
			Jeremy D. Bailie, Esq.		
				Name of Person	
			WEBER, CRABB & WEI	IN, P.A.	
			····	Firm/Company	
			5453 Central Avenue		
				Address	
			St. Petersburg, FL 33710		
			<u> </u>	City/State and Zip Code	
			jeremy.bailie@webercrabb.		
			E-mail address: ((to be used for future annual report notification)	
For furth	ier in	formation co	ncerning this matter, please ea	all:	
Jeremy	D. Ba	uilie		727 828-9919 at ()	
		Name of	Person	Area Code Daytime Telephone Number	
Enclosed	d is a	check for the	e following amount:		
□ \$2 5.	.00 Fi	ling Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Certified Copy Certificate of (additional copy is enclosed) Certified Co (additional copy	of Status & opy
		ing Address istration S		Street Address: Registration Section	
	_		prporations	Division of Corporations	
		Box 6327		The Centre of Tallahassee	
	Tall	ahassee, F	L 32314	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

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Mommics to Mamis, LLC (Name of the Limited Liability Company as it now appears on our records.) ART UF STATE
(A Florida Limited Liability Company) JALI AHASSEF FI The Articles of Organization for this Limited Liability Company were filed on $\frac{08/03/2021}{1}$ ___ and assigned Florida document number L21000352235 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Moksha Embodied, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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
			□Add
			□Remove
			□Change
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an effective date is listed, the date m	e date of filing: ust be specific and cannot be prior to date of filing or moleck does not meet the applicable statutory filing Department of State's records.	iore than 90 days after filing.) Pursuant to 605.0207 (
	we date, but not an effective time, at 12:01 a.m. o	on the earlier of: (b) The 90th day after the
d is filed.	2022	
d is filed.	2022 P. Bailie	

Filing Fee: \$25.00