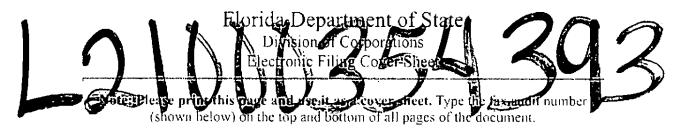
6/14/24, 11:35 AM

Division of Corporations



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Fax Number

: (850)617-6383

From:

Account Name : LAW OFFICES TONY PORNPRINYA

Account Number : I20010000164 Phone : (305)893-8989 Fax Number : (305)891-7717

Enter the email address for this business entity to be used for future $n_{\rm col}$ annual report mailings. Enter only one email address please.

NVC@Miamidadelaw.net

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MOSHI MOSHI MIMO LLC

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M. SOLOMON

JUN 14 2024

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2024-06-14 15:38:08 GMT

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From: Law Offices Tony Pornprinya

(((H24000208194 3)))

COVER LETTER

Moshi Moshi M	IIMO LLC	
Name of Lim	nited Liability Company	
A color a de al color	and the late	
ndence concerning this matter	to the following:	
Tony P	ornprinya	
	Name of Person	
Law Office of	of Tony Pornprinya	
	Firm/Company	
1555 NE 12	23 Street	22/
	Address	Şuz
North Miam	i FL 33161	(cation)
	City/State and Zip Code	<u>.</u>
E-mail address: (to be used for future annual report notifi	cation)
oncoming this matter, please c	all:	(5)
<i>r</i> a	at / 305) 893-898	9
Person		Telephone Number
e following amount:		
☐ S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Name of Lin Amendment and feets) are substantial dence concerning this matter Tony P Law Office of 1555 NE 12 North Miam NVC@Mia F-mail address: (oncerning this matter, please of 24 (Person) c following amount: S30.00 Filing Fee &	Moshi Moshi MIMO LLC Name of Limited Liability Company Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: Tony Pornprinya Name of Person Law Office of Tony Pornprinya FinnyCompany 1555 NE 123 Street Address North Miami FL 33161 City/State and Zip Code NVC@Miamidadelaw.net F-mail address: (to be used for future annual report notification of the concerning this matter, please call: /// // Person at (_305_) 893-898 // Person Area Cede Daytime c following amount: \$30.00 Filing Fee & Certified Copy

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 2024-06-14 15:38:08 GMT

13058917717

From: Law Offices Tony Pornprinya

(((H24000208194 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	oshi MIMO LLC			
(Name of the Limited	Liability Company as it now appears on our Florida Limited Liability Company)	r records.)		
The Articles of Organization for this Limited Liab	oility Company were filed on08/06/	2021	and assig	gned
Florida document number <u>L21000354393</u>				
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liability company here:			
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designati	on "LLC" or the a	bbreviation "L.L.	.C.''
Enter new principal offices address, if applicab	ole:			
(Principal office address MUST BE A STREET	ADDRESS)		53	4
			+* ::=	, <
			.r.	
Enter new mailing address, if applicable:			£7	Ę.
(Mailing address MAY BE A POST OFFICE BO	2X)		P	
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B. If amending the registered agent and/or reg agent and/or the new registered office address		, <u>enter the nar</u>	ng of the new	<u>registerec</u>
Name of New Registered Agent:	Tony Pornprinya			
New Registered Office Address:	1555 NE 123 Street			
THE THE STATE OF T	Enter Florida stree	et address		
•	North Miami	. Florida	33161	
	City		Zip Code	
New Registered Agent's Signature, if changing Re-	gistered 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.

P. Pary	
If Changing Registered Agent, Signature of New Registered Agent	_

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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 = AMBR :	Mar Aut =	iager horîzed Member		
<u>Title</u>		Name	Address	Type of Action
	-			□Add
•	**			□Change
	_			[] Add
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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing.	(optional)
effective date is listed, the date must be specific and cannot be prior to date of filli e: If the date inserted in this block does not meet the applicable statutor ument's effective date on the Department of State's records.	ry filing requirements, this date will not be listed.
ord specifies a delayed effective date, but not an effective time, at 12:01 filed.	l a.m. on the earlier of: (b) The 90th day after th
od_06/13/2024	
Toshi Fiwikata Toshi Fallots Mari (1, 20,711) 29 (DT)	
Signature of a member or authorized represe	entative of a member