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Account#: I20000000088

Date:	09/13/2021	
	Merritt Walker	_ <del></del> _
Reference #	1474069	
	:	BACOR LLC
_		ization to Transact Business
✓ Amer	ndment	
Chan	ge of Agent	
Reins	statement	
Conv	ersion	
☐ Merg	er	
☐ Disso	olution/Withdrawal	
☐ Fictiti	ous Name	
✓ Other	CERTIFIE	D COPY OF THE FILING EVIDENCE
Authorized A	Amount: <b>\$55</b>	
Signature:	un.	

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Account#: I20000000088

Date:	09/13/2021	
Name:	Merritt Walker	<del>_</del>
Reference	#:1474069	<u> </u>
Entity Nam	ne:BA	COR LLC
	cles of Incorporation/Authorizatio	
<b>√</b> Ame	endment	
☐ Cha	inge of Agent	
Reir	nstatement	
Con	version	
☐ Mer	ger	
☐ Diss	solution/Withdrawal	
☐ Ficti	itious Name	
<b>✓</b> Oth	erCERTIFIED CC	PY OF THE FILING EVIDENCE
Authorized	Amount: <b>\$55</b>	
Signature:	u	

F: +852.2682.9790

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BaCor LLC	
(Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp	appears on our records.) pany)
The Articles of Organization for this Limited Liability Company were filed of	on August 6, 2021 and assigned
Florida document number 1.21000355559	
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	any here:
Mozz LLC	
he new name must be distinguishable and contain the words "Limited Liability Company."	
Inter new principal offices address, if applicable:	021 TA
	<u> </u>
Principal office address MUST BE A STREET ADDRESS)	20-27 T
	(2) to 10 to
nter new mailing address, if applicable:	
	- E G
Mailing address MAY BE A POST OFFICE BOX)	
	<u>.</u>
3. If amending the registered agent and/or registered office address on o	our records, enter the name of the new registe
gent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	. 19 - 1
Ente	ter Florida street address
	, Florida
City	Zin Code

## 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

or remov	<u>'ed from our records</u> :			
MGR =	Manager			
AMBR =	Authorized Member			

<u>Title</u>	Name	<u>Address</u>	Type of Action
			□Add
			□Remove
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		TALLA	Remove
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). If amending any oth informati	ion, enter change(s) here: (Attach additional s	heets, if necessary.)
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		7021 SE SI_CRE
		177
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Effective date, if other than the of (If an effective date is listed, the date must Note: If the date inserted in this blo-document's effective date on the Department of the	be specific and cannot be prior to date of filing or more that ck does not meet the applicable statutory filing requ	(optional) in 90 days after filing.) Pursuant to 605.0207 (3) direments, this date will not be listed as the
the record specifies a delayed effective cord is filed.	date, but not an effective time, at 12:01 a.m. on the	earlier of: (b) The 90th day after the
Dated September 1st	. 2021	
	/s/ Claudio P. Cordero Tabach	
	Signature of a member or authorized representative of a m	nember
	Claudio P. Cordero Tabach	
	Typed or printed name of signee	

Filing Fee: \$25.00