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04/18/24--01009--002 \*\*25.60

## **COVER LETTER**

Tallahassee, FL 32314

TO: Registration S Division of Co			
MOM FIR	ST LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	ANIA LA'O		
	<del></del>	Name of Person	
	MOM FIRST LLC		
		Firm/Company	
	4271 WEST 18TH COUR	Т	
		Address	
	HIALEAH, FLORIDA 33	012	
		City/State and Zip Code	<del></del>
	info@momfirst.net		
For further information	E-mail address: ( concerning this matter, please c	to be used for future annual report not all:	fication)
ANIA LA'O	3	786 239-2632	
Name	of Person	at ()	ne Telephone Number
Enclosed is a check for t	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre		Street Address:	
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 632	-	The Centre of T	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records)
The Articles of Organization for this Limited I Florida document number L21000445068	Liability Company were filed on	0/12/21 and assigned
This amendment is submitted to amend the fol	llowing:	
A. If amending name, enter the new name	of the limited liability company b	ere:
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 appli	icable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
The part of the control of the contr		75
		υ)
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		
		င္သ
	<del> </del>	.5
B. If amending the registered agent and/or igent and/or the new registered office addr	ess here:	records, enter the name of the new regis
Name of New Registered Agent:	ANIA LA'O	
New Registered Office Address:	4271 W 18TH COURT	
	Enter Fl	orida street address
	HIALEAH	, Florida <sup>33012</sup>
	City	Zip 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 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
MGR	ANDY ALFONSO	4271 W 18TH COURT	
		HIALEAH, FL 33012	■Remove
			Change
	<del></del>		□Add
			□Remove
			Change
			Add
			□Remove
			□Change
			Add
		<del></del>	□Remove
			□ Change
			□Add
			□Remove
			□ Change
			□ Add
			□Remove
			□Change

	N/A
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-	
Effect	ive date, if other than the date of filing: (optional)
	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 ( If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t
	nent's effective date on the Department of State's records.
e reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
rd is fi	led.
	04/10 2024
	04/10 2024 / ) //
Dated	
Dated	
Dated	
Dated	Signature of a member or authorized representative of a member

True - True Car A