## Florida Department of State Division of Corporations Electronic Wing Cover Sheet

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io:

Division of Corporations

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: (850)617-6383

From:

Account Name : RASI

Account Number : 120220000023 Phone : (800)221-2972 Fax Number : (917)243-5643

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

- ' -	Address:			
ווות חא	Ancress			

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CUENTAS SDI, LLC

Certificate of Status	0
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Page Count	: 01
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K. SALY

AUG 14 2024

Electronic Filing Menu

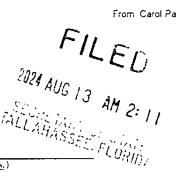
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To

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION 0F



CUENTAS SDL LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on 01/03/2022	and assigned
Plorida document number 1,22000010882		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
MOOLA CLOUD, LLC.		
he new name must be distinguishable and contain the words "Limited Liab)	hts Company, the designation "LLC" or the abbres	eatron "L.E.C."
Inter new principal offices address, if applicable:	1120 AVENUE OF THE AMERICAS, 4TH FLOOR	
Principal office address MUST BE A STREET ADDRESS)	NEW YORK, NY 10036	
Inter new mailing address, if applicable:	1120 AVENUE OF THE AMERICAS, 4TH FLOOR	
Mailing address MAY BE A POST OFFICE BOX)	NEW YORK, NY 10036	
<ol> <li>If amending the registered agent and/or registered of registered agent and/or the new registered office address her</li> </ol>		name of the
Name of New Registered Agent:		
New Registered Office Address:	EnterFloridastreetaddress	
	Charlet	
	, Florida	Typ 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>	Address	Type of Action
MGR	RONNY YAKOV	1120 AVENUE OF THE AMERIC	
		NEW YORK, NY 10036	Remove
			Change
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			□ Change

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Typed or printed name of signee

Signatuge of a member of authorized representative of a member

RONNY YAKOV

Filing Fee: \$25.00