L22000016653

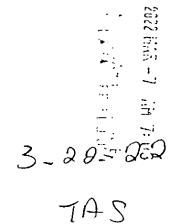
(Requestor's Name)
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COVER LETTER

Division of Corp			
SUBJECT:	AMA VS	iic	
<u></u>	Name of Limit	ed Liability Company	
The enclosed Articles of A	amendment and fee(s) are subn	nitted for filing.	
Please return all correspon	dence concerning this matter to	o the following:	
	VALERIA	Name of Person	<u> </u>
		Name of Person	
		A V'S LLC Firm/Company	
		Firm/Company	
	94 GARL	ES BLUD	
		Address	
	WESTON	City/State and Zip Code CMOSS @ qmc o be used for future annual report notif	26
	<u> </u>	City/State and Zip Code	.
	mamausea	amoss @ amo	ul.com
			ication)
For further information co	ncerning this matter, please cal	II:	
Valeria	Galindo	at (954) 77C Area Code Dayting	-8052
Name of	Person	Area Code Daytimo	: Telephone Number
Enclosed is a check for the	e 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 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liab) (A Flori	ility Company as it now appears on da Limited Liability Company)	our records.)			
The Articles of Organization for this Limited Liability Florida document number	Company were filed on <u>O1</u>	07/2022	and	assigno	ed
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lir	mited liability company here:				
The new name must be distinguishable and contain the words "Li	imited Liability Company," the design	nation "LLC" or the abbr	eviation	ı "L.L.C.	,,
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADD	ORESS)	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)	23				
		•	<u>.</u> :	氢	••
Enter new mailing address, if applicable:			υ. •	1	
(Mailing address MAY BE A POST OFFICE BOX)			17 17		
			, (- <u>-</u> -i	
	- ,		72		
B. If amending the registered agent and/or register agent and/or the new registered office address here		ds, enter the name	of the	new re	<u>gistered</u>
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida s	treet address			
		Florida			
	City		Zip Ce	ode	

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
AP	WIVANA GALIN	bo 447 20th St	□Add
		SAN DIEGO, CA	92102 Remove
			Change
AP	BELINDA MURE	uo 94 GABLES BL	VD. DAdd
		WESTON FL.3	3326 Remove
			□Change
			□ A A B S S S S S S S S S S S S S S S S S
			⊟Change
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fective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more ote: If the date inserted in this block does not meet the applicable statutory filing re becument's effective date on the Department of State's records.	(optional) than 90 days after filing.) Pursuant to 605.0 quirements, this date will not be listed	207 I as
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on t is filed.	he earlier of: (b) The 90th day after t	the
ned 03/03/2027.		
Valera Galed		
Signature of a member or authorized representative of a	i member	

Filing Fee: \$25.00

State of Florida Department of State

I certify the attached is a true and correct copy of the Articles of Organization of MAMA V'S LLC, a limited liability company organized under the laws of the state of Florida, filed electronically on January 07, 2022 effective January 01, 2022, as shown by the records of this office.

I further certify that this is an electronically transmitted certificate authorized by section 15.16, Florida Statutes, and authenticated by the code noted below.

The document number of this limited liability company is L22000016653.

Authentication Code: 220114083655-000376415780#1

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Fourteenth day of January, 2022



Laurel M. Lee Secretary of State

State of Florida Department of State

I certify from the records of this office that MAMA V'S LLC, is a limited liability company organized under the laws of the State of Florida, filed electronically on January 07, 2022, effective January 01, 2022.

The document number of this company is L22000016653.

I further certify that said company has paid all fees due this office through December 31, 2022, and its status is active.

I further certify that this is an electronically transmitted certificate authorized by section 15.16, Florida Statutes, and authenticated by the code noted below.

Authentication Code: 220114083655-000376415780#1

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Fourteenth day of January, 2022



Laurel M. Lee Secretary of State