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## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT:	MOD om 1	LLC	
		ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subr	mitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	- Ac	snoel Drin	*
		Name of Person	
	Ma	0 om 1 LLC	
		Firm/Company	
	(250)	Fefferson St	
		Address	
	Holly	Wood FL 330 City/State and Zip Code	
	E-mail address: (t	orthydin O Chro	fication)
For further information co	oncerning this matter, please ca	all:	
Kine Name o	1 Down f Person	at (_30%) 490 - Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
S≥5.00 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 Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section Torporations 17	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations Tallahassee e Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u> </u>	om 1 LLC	·
( <u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears o imited Liability Company)	n our records.)
The Articles of Organization for this Limited Liability Con Florida document number <u>L2200906504</u>	•	$\frac{3}{3}$ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here	:
The new name must be distinguishable and contain the words "Limited	ed Liability Company." the design	enation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST B <u>E A STREET ADDRE</u> .	(22)	
Trincipui office unuress MOST BL A STREET ADDRES	<u> </u>	
	······································	( -3
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		CO
Maning address MAT BE AT OUT OF THE BONY		.:
B. If amending the registered agent and/or registered o	office address on our reco	ords, enter the name of the new regi
agent and/or the new registered office address here:		
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:		
	Enter Florida	street address
<u></u>		, Florida Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered A		
I hereby accept the appointment as registered agent an	1d agree to act in this cap	pacity. I further agree to comply wi

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>	Name	Address	Type of Action
AMBQ	Menachem Poller	315 Nell Ct NE Atlanta GA 30342	[]Add
		<u></u>	□Remove
			□Change
			□ Add
			□Remove
			Change
			□Remove
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		<del></del>	□Change
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ective date, if other than the date of filing:	(0	ptional)
effective date is listed, the date must be specific and cannot be prio e: If the date inserted in this block does not meet the applic	r to date of filing or more than 90 days a	after filing.) Pursuant to 605.02
ument's effective date on the Department of State's records	. and statutory ming requirements,	tins date will not be liked
cord specifies a delayed effective date, but not an effective to filed.	ime, at 12:01 a.m. on the earlier of	f: (b) The 90th day after the
a tiled.		
3 B	. 3	
-d May 12 202		
ed May 12, 202	<del></del> ·	
Signature of a member or aud	473 CIN	