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COVER LETTER

TO:

Registration Section

Division of Cor	porations	•			
	. M e ja	ıvi LLC	•		
SUBJECT:		ited Liability Company	.		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
		Brandee Berry			
		Name of Person			
		Firm/Company			
	2473 S.	Higley Rd Ste 104-	117		
		Address			
	G	Gilbert, AZ 85295			
		City/State and Zip Code			
	E-mail address: (to be used for future annual report noti	fication)		
For further information c	oncerning this matter, please ca	all:			
Brandee	Berry	at ()480)-840-5928		
	f Person		e Telephone Number		
Enclosed is a check for the	ne 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		Street Address:	ction		
Registration S Division of C		Registration Se Division of Cor			
P.O. Box 632	-	The Centre of T			
Tallahassee.			e Street, Suite 810		
		Tallahassee, FL 32303			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MOJAVI LLC

			2022 J 22 P. 3:
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appear ited Liability Company)	s on our records.)	<u> </u>
he Articles of Organization for this Limited Liability Comforida document number	pany were filed on	March 23, 202	and assigned
is amendment is submitted to amend the following:			
If amending name, enter the new name of the limited	liability company he	<u>re</u> :	
e new name must be distinguishable and contain the words "Limited	Liability Company," the de	esignation "LLC" or the	abbreviation "L.L.C."
nter new principal offices address, if applicable:		***	
rincipal office address MUST BE A STREET ADDRES	<u>S)</u>		
			
nter new mailing address, if applicable:			
failing address MAY BE A POST OFFICE BOX)			
If amending the registered agent and/or registered of	fice address on our re	cords, enter the n	ame of the new register
ent and/or the new registered office address here:			
Name of Naw Panistared Agant:			
Name of New Registered Agent:			
Name of New Registered Agent: New Registered Office Address:	Enter Flor	ida street address	
	Enter Flor		Zip Code

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:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR Javid Baig		6800 FLEETWOOD ROAD SUITE 102	□Add
		MCLEAN, VA 22101	X Remove
			□Change
			□Add
			Remove
			Change
			□Add
			□Remove
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Effective date, if	other than the	date of filing:			tontio	nat)	
(If an effective date is	listed, the date must	he specific and car	inot be prior to date	c of flang or more	than 90 days after f	lang » Parsit int to 160	
 Note: If the date document's effect 				dannory hing re	equirements this	date will not be list	ed as it:
ne record specifies , ord is filed.	i delayed offective	date, but not an	effective time, a	t 12:01 a.m. on i	he earlier of: (b)	The 90th day after	n the
Dated	6/10	22.					
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