L22000/53649

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ddress)	
(Cit	ty/State/Zip/Phone	; #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	 	

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COVER LETTER

Registration Section Division of Corporations

TO:

M&O inter	active LLC		
3(00)(2)(1)	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	George Elie Fadi Assi		
		Name of Person	
	M&O Interactive LLC		
		Firm Company	
	21820 Hartford Way		
		Address	
	Macomb, MI 48042		
		City/State and Zip Code	
	georgeassi@jsfproducts.coi		
	E-mail address: (to be used for future annual report not	tification)
For further information c	oncerning this matter, please c	all:	
George Assi		904 514-0712 at ()	
Name o	d Person		ne Telephone Number
Enclosed is a check for the	he 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 : Division of C P.O. Box 632	Section Torporations 27	Street Address: Registration Se Division of Co The Centre of	rporations
Tallahassee,	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF.



2022 NOV 22 PM

M&O Interactive LLC

M&C interactive LLC			
(Name of the Limit	ed Liability Compa (A Florida Limited	my as it now appears on our reco Liability Company)	TALL30E
The Articles of Organization for this Limited Li	ability Company	were filed on 03/30/2022	and assigned
Florida document number 1.22000153649	·		
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	the limited liab	ility company here:	
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		21820 Hartford Way	
(Principal office address MUST BE A STREET ADDRESS)		Macomb, MI 48042	
Enter new mailing address, if applicable:		21820 Hartford Way	
(Mailing address MAY BE A POST OFFICE BOX)		Macomb, MI 48042	
B. If amending the registered agent and/or re		address on our records, <u>ent</u>	er the name of the new register
agent and/or the new registered office addres	<u>s nere</u> :		
Name of New Registered Agent:	George Efic Fadi Assi		
New Registered Office Address: 314 Blanding BLVD, Suite B			
		Enter Florida street add	
	Orane Park		Florida <u>32073</u>
		City	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 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 adder removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Anthony Eli Sleiman	2217 Ivan Street APT 1510	
		Dallas, TX 75201	
			□Change
			□Remove
			□Change
			□Remove
			□Remove
		-	□Change
			
		□Remove	
		Change	
		□Add	
			□Remove

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Effective data if otherwish weeks	due of CV
(If an effective date is listed, the date must	date of filing:
the record specifies a delayed effective ord is filed.	date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	2022
	they the
S	Signature of a member or authorized representative of a member
George Elie Fadi Assi	
	Typed or printed name of signee

Filing Fee: \$25.00