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S. CHATHAM

OCT - 9 2022

SECRETARY OF STATE OF OCCUPANTIONS

COVER LETTER

TO: Registration Section Division of Corporat	ions			•
SUBJECT: MOC	HUX LLC	•	•	•
	Name of Limited	Liability Company		
The englaced Assiglar of Amaz	dmant and foo(s) are submitted	ad fan filing		
The enclosed Articles of Amen		<u> </u>		
Please return all correspondence	e concerning this matter to th	ie following;		
_	Amando	Name of Person	<u>y</u>	
_	Modu	X LC Firm/Company		
<u>. L</u>	1085 Hancocl	h Bridge P	hwy	<u>8te 112-185</u>
_1	V. Fort My	275 FL 3	33903	
	whitby tra	VISO yano used for future annual rep	O. (OM)	
For further information concern	ning this matter, please call:			
Travis Whi	tby	at (<u>252</u>) <u>53</u>	9-427 Daytime Telepho	
Enclosed is a check for the follo	owing amount:			
□ \$25.00 Filing Fee □	\$30.00 Filing Fee & S Certificate of Status	2 \$55.00 Filing Fee & Certified Copy (additional copy is enclose		\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section	on	<u>Street Addr</u> Registrati	r <u>ess:</u> on Section	
Division of Corpor		Division of	of Corporation	
P.O. Box 6327		The Centr	e of Tallahas	2000

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Modelly 110

(Name of the Limited Liability Company as it (A Florida Limited Liability	now appears on our records.)			
The Articles of Organization for this Limited Liability Company were filed on April 35, 3002 and assigned Florida document number L22000190231				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability co	mpany here:			
	<u></u>			
The new name must be distinguishable and contain the words "Limited Liability Com	pany." the designation "LLC" or the abbreviation "LL26."			
Enter new principal offices address, if applicable:	1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7			
(Principal office address MUST BE A STREET ADDRESS)	الم الرابي ا			
Enter new mailing address, if applicable:	TATE STATE			
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered office address agent and/or the new registered office address here:	on our records, enter the name of the new registere			
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address			

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.

City

__, Florida ___

. 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
M6B	Travis Whitby	4 <u>4001 W Coral Cir., N. Fort</u>	Mylisitani PL 33903
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cord specifies a delaye	d effective date, but	not an effective time.	at 12:01 a.m. on the	he earlier of: (b)	The 90th day after	r the
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