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COVER LETTER

TO: Registration Section Division of Corporation	us.			
SUBJECT: M&O	Shi Ente Name of Limited	Liability Company	uc_	
The enclosed Articles of Amenda Please return all correspondence of				
	Skyl	Name of Person	^	_
	Nooshi	Firm/Company	Ses, LC	2.
	222 mal	Address	\	
	Destin	FC 32 City/State and Zip Code	<u>541</u>	
		e used for future annual repo	en nouscation)	om
For further information concerning	ig this matter, please call:			
Name of Person	Babin	at (SS) Z Area Code I	30-581 Daytime Telephone Numb	er
Enclosed is a check for the follow	ving amount:			
	30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	d) Certific	Filing Fee, cate of Status & ed Copy nat copy is enclosed)
Mailing Address:	,	<u>Street Addr</u> Registratio	ess: on Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

MOOSHI ENTERPRISES, LLC

2022 AUG 10 PH 3: 01

(Name of the Limited Liability (A Florida	v Company as it now appears on our records.) Limited Liability Company)				
The Articles of Organization for this Limited Liability Co	ompany were filed on $7 - 7 - 20$	and assigned			
Florida document number <u>L 22 000 3033</u>					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limi	ted liability company here:				
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" or	r the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDR	ESS)				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)					
					
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>enter th</u>	e name of the new registered			
Name of New Registered Agent:					
New Registered Office Address:	Enter Florida street address				
	, Flori	Zip Code			
	•				

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

Title	<u>Name</u>	Address	Type of Action
managing	Skylar Babin	222 Matties Way	□Add
		Destin, FL 32541	□Remove
			X IChange
			□Add
			□Remove
			Change
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ne record spec ord is filed.	iifies a del	ayed effectiv	re date, but n	ot an effecti	ve time, at 1	2:01 a.m. or	the earlier	of: (b) Ti	ne 90th day af	iter the
Dated	>-/	D		. 20	22.					
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_		X	Signature of	a member or	authorized rep	presentative o	if a member			

Filing Fee: \$25.00