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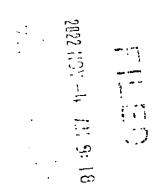
(Requestor's Name)	
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PICK-UP WAIT	MAIL
(Business Entity Name)	
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cial Instructions to Filing Officer:	
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A. RIVERS JAN 2 5 2023



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COVER LETTER

CT:	1107 NW 6 th PL GAINESVILLE LLC Name of Limited Liability Company
closed Articles of	Amendment and fee(s) are submitted for filing.
return all correspon	ndence concerning this matter to the following:
	Obeig Jaled D Name of Person
	MOJO Howes Firm/Company
	25177 NW 176th Ave
	High Springs, FL, 32643 City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
	13-man address, (to be used for future amount report normedition)

Enclosed is a check for the 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 Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

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**

1107 NW 6TH PL GATNESUTILE	
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
icles of Organization for this Limited Liability Company were filed on 8/01/20 document numberL22000337644	and assigned
nendment is submitted to amend the following:	
amending name, enter the new name of the limited liability company here:	
w name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the	e abbreviation "L.L.C."
r new principal offices address, if applicable:	
ncipal office address MUST BE A STREET ADDRESS)	
ter new mailing address, if applicable:	
niling address MAY BE A POST OFFICE BOX)	
	~2
If amending the registered agent and/or registered office address on our records, enter the r	ame of the new registe
nt and/or the new registered office address here:	· 6 T
	1
Name of New Registered Agent:	; -
Traine of frew Registered figure.	
New Registered Office Address:	50
Enter Florida street address	
. Florida	. α
	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.

ng Authorized Person(s) authorized to manage, enter the title, name, and address of each person being addeded ad from our records:

Manager
- Authorized Member

	Name	Address	Type of Action
Ī	Obery Jured D	25177 NW 176th Ave	□Add
		High Springs, FL 3264	<u>}</u> ⊠Remove
			□Change
<u>3R</u>	Oberg Mideline G	25177 NW 176th Ave	□Add
		High Springs, FL 32643	Remove
			□Change
<u>nbr</u>	MOJO Homes, LLC	25177 NW 176th Ave	,XAdd
		High Springs FL 32643	□Remove
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ive d	ate, if other than	ı the date of fili	ing:		(option	al)
ective	date is listed, the date date in the	e must be specific and block does not	and cannot be prior to t meet the applical	date of filing or more ole statutory filing i	than 90 days after fill requirements, this d	al) ing.) Pursuant to 605.0207 late will not be listed as
	effective date on t				1	
d spe led.	cifies a delayed eff	ective date, but n	ot an effective tim	e, at 12:01 a.m. on	the earlier of: (b)	The 90th day after the
ica.						
	October	- 31	. 2022	•		
•	October		-	<u>-</u>		
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-		Signature of	a member or author	zed representative of	a member	

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