8/11/22, 3:54 PM

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MARILI CANCIO JOHNSON P.A.

Account Number : 120160000073 Phone : (305)967-6329 Fax Number : (305)470-7453

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **=-

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MOOD 69 LLC

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T. LEMIEUX

From: Marili Cancio Johnson

COVER LETTER

TO:	Registration Section Division of Corporations	,÷			*
SUBJE	SCT:	MOOL Name of Limi	are submitted for filing. S matter to the following: MARIANA CANCIO Name of Person All CANCIO TOWN SON PA Firm/Company 50 SE 2 NA AVE SUITE 1408 Address Address Address City/State and Zip Code 2244 SP C Jelaw Com please call: at 265 SO2-2332 Area Code Daytime Telephone Number		
The end	closed Articles of Amendment ar	d fee(s) are subr	nitted for filing.		
Please i	return all correspondence concern	ting this matter t	o the following:		
SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: MAYLANA CANCYO TOWN SON FA Firm/Company 150 SE Q ND AVE SUHE 1408 Address May May FL 33/3/ City/State and Zip Code 1:-mail address: (to be used for future annual report nutification) For further information concerning this matter, please call: At Clay Taylors 1 The enclosed Articles of Amendment and fee(s) are submitted Liability Company May I and Cancy Company Limited Liability Company May I and Cancy Company Address Limited Liability Company May I and Cancy Company Address At Clay Taylors at The Sol 2 2 3 3 3 2					
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			,	report nutification)	Ohn Son PA Je Suite 1408 FL 33/31 Jaw. Com ort notification) Daylime Telephone Number
For furt	her information concerning this i	natter, please cai	1:		
	At Cla Zaifa		at (SOD - Q Daytime Teleph	333 one Number
Enclose	d is a check for the following an	ount:			
√ \$25	.00 Filing Fee S30.00 ff Certifies	ling Fee & are of Status	S\$5.00 Filing Fee Certified Copy (additional copy is en		\$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 Tallahassec
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

13054707453

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MOOD 69 LLC			
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)			
The Articles of Organization for this Limited Liability Company were filed on 8/9/500	<u> </u>	d assign	ned
Florida document number <u>L-22000350605</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability company here:			
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the	ne abbreviatio	n "L.L.C	7 13
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office address on our records, <u>enter the nagent and/or the new registered office address here</u> :	same of the	new re	<u>egistered</u>
		2	
Name of New Registered Agent:	<u> </u>	022 A	
New Registered Office Address: Enter Florida street address			
	<u>0</u> 1.		
, Florida City	Zip Ci	<u> </u>	<u>C'</u>
New Registered Agent's Signature, if changing Registered Agent:	<u>85</u>		
I hereby accept the appointment as registered agent and agree to act in this capacity. I further provisions of all statutes relative to the proper and complete performance of my duties, and I accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. a being filed to merely reflect a change in the registered office address, I hereby confirm that the company has been notified in writing of this change.	ım familiar Or, if this d	with a locume	ind

MGR = Manager

______ 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:

AMBR = Authorized Member Title Name Address Type of Action MGR Cato Maia 150 SE 2ND AVE MANO Suik 1408 ** Remove Mani, FL 33/31 Ochange MGR Antonio Caio Gomes Pereira Filho MANDA 150 SE 2 NO AVE DREMOVE Suite 1408 Change Many FL 33/31 WARD □Remove _____ □Change □Add _____ □ Remove □ Cliange D84C CiRemove □ Chonge _____ Dadd _____ □Remove

Page: 6 of 6

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record specifies a del d is filed.	ived effective date, but not an effective ti	me, at 12:01 a.m. on the car	lier of: (b) The 90th day after t	he
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****	Signature of a member of alpho	rized representative of a memb	ier.	