

To:

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2022-08-16 15:04:39 GMT

13054707453

From: Marli Cancio Johnson

8/16/22, 10:53 AM

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

L22000350605

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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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.****

Email Address: azayas@cjlaw.com

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

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

2022 AUG 16 PM 12:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2022 AUG 16 AM 8:58

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AND
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Corporate Filing Menu

Help

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____

Mood 69 LLC
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:

Mariana Cancio

Name of Person

Marili Cancio Johnson-PA

Firm/Company

150 SE 2ND Ave Suite 1408

Address

Miami, FL 33131

City/State and Zip Code

azayas@cje/aw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Aida Zayas

Name of Person

at 786

Area Code

802-2332

Daytime Telephone Number

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**

Mood 109 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 8/9/2022 and assigned Florida document number 222000350605

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 abbreviation "LLC."

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, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

Florida

City

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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	Name	Address	Type of Action
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MGR	Antonio Carlo Gomes Pereira Filho		<input type="checkbox"/> Add
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		150 SE. 2 ND AVE	<input checked="" type="checkbox"/> Remove
--	--	-----------------------------	--

		Suite 1408	<input type="checkbox"/> Change
--	--	------------	---------------------------------

		Miami, FL 33131	<input type="checkbox"/> Add
--	--	-----------------	------------------------------

			<input type="checkbox"/> Remove
--	--	--	---------------------------------

			<input type="checkbox"/> Change
--	--	--	---------------------------------

MGR	Antonio Carlo Maia Gomes Pereira		<input checked="" type="checkbox"/> Add
-----	----------------------------------	--	---

		150 SE. 2 ND AVE	<input type="checkbox"/> Remove
--	--	-----------------------------	---------------------------------

		Suite 1408	<input type="checkbox"/> Change
--	--	------------	---------------------------------

		Miami, FL 33131	<input type="checkbox"/> Add
--	--	-----------------	------------------------------

			<input type="checkbox"/> Remove
--	--	--	---------------------------------

			<input type="checkbox"/> Change
--	--	--	---------------------------------

			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
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