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(Re	questor's Name)	
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COVER LETTER

TO:

TO: Registration Se Division of Cor				
SUBJECT: * Mo		ainten ance	UC.	
	Name of Lim	ited Liability Company	······································	
			م	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Darbye L	eigh Lamvani		
	Mo's Boat	Maintenance 1	LC	
	620 SW 1	5th Terrace		22 SI
	Cape Ca	City/State and Zip Code		22 SEP 12 AM 8: 29
		ni 18 0 gmail. CD	Mication)	AM 8: 29
For further information c	oncerning this matter, please ca	all:		29
Dartye La	MVAN I f Person	at (239) 224 - O Area Code Daytime	7070 Telephone Number	-
Enclosed is a check for the	ne 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 For Certificate of S Certified Copy (additional copy is	Status &
Mailing Address		Street Address:	etion	
Registration S Division of C		Registration Sec Division of Cor		
P.O. Box 632	.7	The Centre of T	allahassee	
Tallahassee, l	FL 32314	2415 N. Monro	e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mp's Apot		
(Name of the Limited Liability Company as it now app (A Florida Limited Liability Compan)	cars on our records.)	
The Articles of Organization for this Limited Liability Company were filed on Florida document number <u>L22000379 620</u>	0/25/2020	med
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 new principal offices address, if applicable:	ne designation "LLC" or the abbreviation "L.L.	C."
(Principal office address MUST BE A STREET ADDRESS)	22	=
(17mcipui office dauress meet be meet suite meet meet	38.	<u> </u>
	2	- 18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Enter new mailing address, if applicable:	<u>x</u>	<u>-80-</u> 2.
(Mailing address MAY BE A POST OFFICE BOX)	8 29	
B. If amending the registered agent and/or registered office address on ou agent and/or the new registered office address here:	r records, <u>enter the name of the new</u>	registered
Name of New Registered Agent:		<u>.</u>
New Registered Office Address: Enter 1	Florida street address	
	, Florida	
City	, FIORIUS	

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Mohammed Lamkani	620 SW 15th Terrace	X Add
		Cape Cural, FL 33991	□ Remove
			□Change
			□Add
			□ Remove
			Change
			22 ¹⁸ EP
		<u> </u>	Remojve AH 8-129
			□ Vqq
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more than ote: If the date inserted in this block does not meet the applicable statutory filing require occurrent's effective date on the Department of State's records.	(optional) 90 days after filing.) Pursuant to ements. this date will not be	o 605.020 e listed a
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the east filed.	arlier of: (b) The 90th day	after the
September 8, 2022. Slamraun'		
λ . I		
Signature of a member or authorized representative of a men	nber	-