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## **COVER LETTER**

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Registration Section

TO:

Division of Cor	porations		
	A SERVICES LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	KATIUSKA MORA ARIA	aS.	
		Name of Person	
	MORA ABA SERVICES	LLC	
	<del>,</del>	Firm/Company	<del></del>
	9291 JOHNSON ST		
		Address	
	PEMBROKE PINES, US	33024	
		City/State and Zip Code	<del></del>
	katymora ł 7@yahoo.com		
	E-mail address: (	to be used for future annual report n	otification)
For further information of	concerning this matter, please c	all:	
Katiuska Mora Arias		954 449-3052 at ()	
Name o	of Person	Area Code Dayt	ime Telephone Number
Enclosed is a check for t	he 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)
			<u>.</u>
Mailing Addre Registration Division of O	Section	Street Address: Registration S Division of C	Section
P.O. Box 63: Tallahassee,	27	The Centre of	f Tallahassee roe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MORA ABA SERVICES LLC

(A Florida Limited L	iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L22000401512	were filed on 09/14/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u> i	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	511 NW 103RD TER	
(Principal office address MUST BE A STREET ADDRESS)	Pembroke Pines FL 33026-3952,	US
		<del> </del>
Enter new mailing address, if applicable:	511 NW 103RD TER	
(Mailing address MAY BE A POST OFFICE BOX)	Pembroke Pines FL 33026-3952, US	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, <u>enter th</u>	e name of the new registered
New Registered Office Address:		
	Enter Florida street address	
	, Flori	da
New Registered Agent's Signature, if changing Registered Agent:	City	7.10 Cide 1 D
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this capacity. I furth performance of my duties, and provided for in Chapter 605, F.,	I am familiar with and S. Or, if this document is

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
			□Add
			□Remove
			Change
			□Add
			□Remove
			□ Change
			□Remove
			Change
	-1,430		□ Add
			□Remove
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ffective date, if other than the date (	of filing:	(optional)	
an effective date is listed, the date must be spooter. If the date inserted in this block do	ecific and cannot be prior to date of fil	ling or more than 90 days after filing	.) Pursuant to 605.0207
ocument's effective date on the Departm	ent of State's records.	ny ming requirements, ans date	will not be fisted as
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record specifies a delayed effective date, is filed.	but not an effective time, at 12:0	11 a.m. on the earlier of: (b) Ti	ie 90th day after the
JUNE 6TH	2024		:
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	II(Jaua)		
Signat	ure of a member pr authorized repres	sentative of a member	