

L22000429344

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

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STATE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mozal Entertainment 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:

Elena Formozal

Name of Person

Firm/Company

1700 Embassy Dr Unit 703

Address

West Palm Beach, FL 33401

City/State and Zip Code

stuartlounge999@gmail.com

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

For further information concerning this matter, please call:

Elena Formozal

916 7518958
at ()

Name of Person

Area Code

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)

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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**

Mozal Entertainment, 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 October 5th, 2022 and assigned
Florida document number 1.22000429344.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

4245 Se Federal Hwy

Stuart, FL 34997

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4245 Se Federal Hwy

Stuart, FL 34997

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:

Elena Formozal

New Registered Office Address:

4245 Se Federal Hwy

Enter Florida street address

Stuart

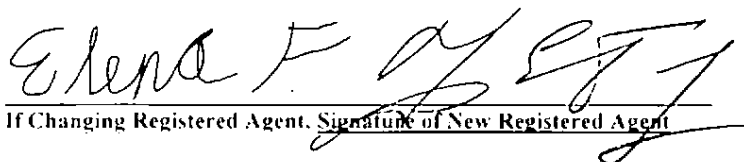
Florida

City

34997
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.


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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|------------------|---------------------------|--|
| MGR | Elena Formozal | 1700 Embassy Dr Unit 703 | <input checked="" type="checkbox"/> Add |
| | | West Palm Beach, FL 33401 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | Timofey Formozal | 2033 Sw Castinet Ln | <input type="checkbox"/> Add |
| | | Port St Lucie, FL 34953 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | Vadim Formozal | 2033 Sw Castinet Ln | <input type="checkbox"/> Add |
| | | Port St Lucie, FL 34953 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | 2023 EFC 12 | <input checked="" type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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Pursuant to 605.0207 (3)(b)
will not be listed as the


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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 12/03/2023


I representative of a member

Signature of a member or authorized representative of a member

Elena Formozal

Typed or printed name of signee