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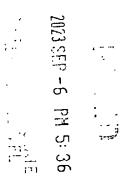
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C/ 9/20/2023

## **COVER LETTER**

TO:

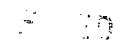
Tallahassee, FL 32314

TO: Registration Se Division of Cor			
OF LINE AND COM	IOOSA LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	EMILIO LEON		
		Name of Person	
	VERDE MOOSA LLC		
		Firm/Company	
	817 NW 91ST TER		
	<u> </u>	Address	<del></del>
	PLANTATION, FL 33324	1	
	INFO@BMTAXES.COM	City/State and Zip Code	
	=	to be used for future annual report no	otification)
For further information c	oncerning this matter, please c	all:	
EMILIO LEON		954 371-4506	
Name o	f Person	at () Area Code Dayti	me Telephone Number
Enclosed is a check for th	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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	action
Registration S Division of C		Registration S Division of Co	
P.O. Box 632		The Centre of	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2023 SEP -6 PH 5: 36

VERDE MOOSA 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 Comp	pany were filed on $\frac{10/22/2022}{10/22/2022}$	and assigned
Florida document number 1.22000455793		
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 I	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		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
wante was the second of the body		
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records, g	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street (	ıddress
		_, Florida
	·	Zip Code
New Registered Agent's Signature, if changing Registered Ag	<u>ent:</u>	
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	lete performance of my dutic as provided for in Chapter (	es, and I am familiar with and 605, F.S. Or, if this document is
Īf (	Changing Registered Agent, Signa	ture 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>	Type of Action
MGR	SAMANTA RUIZ	817 NW 91ST TER	<b>=</b> Add
		PLANTATION, FL 33324	□Remove
			□ Change
			□Add
		<del> </del>	□Remove
			□Change
	<del></del>		□Add
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		<del></del>	□Add
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			□Change

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EMILIO LEON	•		

Filing Fee: \$25.00