

# L23000041062

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

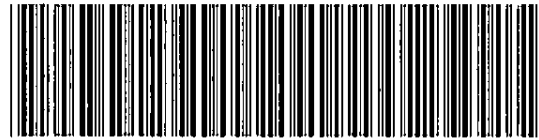
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2023 OCT 17 AM 10:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

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**DATE: 10/17/2023**

**NAME: MOOGYWOOGIES LLC**

**TYPE OF FILING: AMENDMENT**

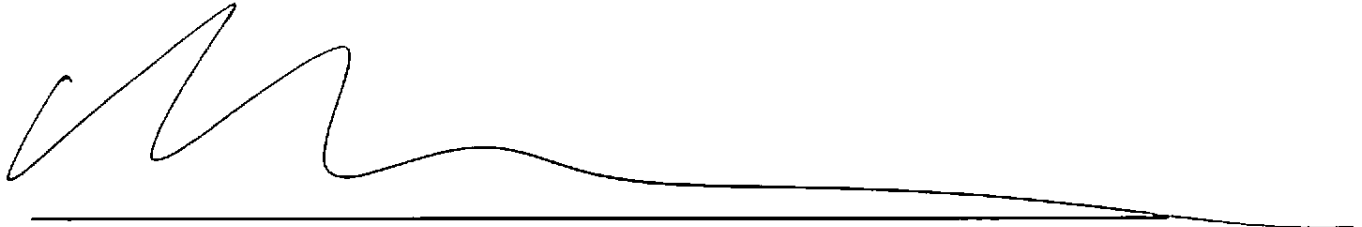
**COST: 25.00**

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**



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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**FILED**

**2023 OCT 17 AM 10:03**

MOOGYWOOGIES LLC

(Name of the Limited Liability Company as it now appears on our records)  
(A Florida Limited Liability Company)

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on JANUARY 23, 2023 and assigned

Florida document number L23000041062

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:

NA

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

NA

(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:

NA

New Registered Office Address:

Enter Florida street address

Florida

City

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	MOHAMMAD A RAHMAN	10549 CORY LAKE DRIVE	<input type="checkbox"/> Add
		TAMPA, FL. 33647	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SARAH N RAHMAN	10549 CORY LAKE DRIVE	<input checked="" type="checkbox"/> Add
		TAMPA, FL. 33647	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MOHAMMAD RAHMAN	10549 CORY LAKE DRIVE	<input type="checkbox"/> Add
		TAMPA, FL. 33647	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ISMAEEL RAHMAN	10539 CORY LAKE DRIVE	<input checked="" type="checkbox"/> Add
		TAMPA, FL. 33647	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2023 OCT 17 AM 10:03  
CLERK OF COURT  
TALLAHASSEE, FLORIDA

FILED  
2023 OCT 17 AM 10:03  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 OCTOBER 16, 2023

Mohamed Hilman

Signature of a member or authorized representative of a member

MOHAMMAD A RAHMAN

Typed or printed name of signee

**Filing Fee: \$25.00**