L23000057531

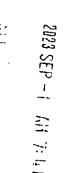
(Requestor's Name)			
(Ad	ldress)		
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(Ći	ty/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL	
(Bu	siness Entity Name)	
(Document Number)			
Certified Copies	_ Certificates of	Status	
Special Instructions to Filing Officer:			
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COVER LETTER

TO:	Registration Se Division of Cor			
	6 '	MOSAIC BOD	DY TAPE BY AJA LLC	
SUBJE	Name of Limited Liability Company			
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		NICOLE SERMON		
	Name of Person			
	MOSAIC SIGNATURE GROUP LLC			.C
	Firm/Company			
		2940 N. COURSE DRIVE #912		
	Address			
		P	OMPANO BEACH FL 33069	
			City/State and Zip Code	
		F 17-11 7	ms_nmoore@yahoo.com	of Carolina N
For fur	ther information e	e-mail address: (to be used for future annual report no all:	nilication)
	NICOLE S	ERMON	407 252-2000	
_	Name o	f Person	Area Code Dayti	me Telephone Number
Enclose	ed is a check for th	ne following amount:		
□ \$2	5.00 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:	
Registration Section		Registration Section Division of Corporations		
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			The Centre of	•
		FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 SEP - 1 AM 7: 41

MOSAIC BODY TA	PE BY AJA LLC
(Name of the Limited Liability Con (A Florida Limite	npany as it now appears on our records.) ed Liability Company)
The Articles of Organization for this Limited Liability Compa Florida document numberL23000057531	ny were filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	ability company here:
MOSAIC SIGNA	TURE GROUP LLC
The new name must be distinguishable and contain the words "Limited Lia	ability 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)	N/A
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	N/A
3. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: NA	ce address on our records, <u>enter the name of the new regist</u>
Name Day distanced Office Addition	
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>	Name	Address	Type of Action
		N/A	🗀 Add
		 	□ Remove
			□ Change
			□ Add
			□Remove
			☐ Change
			□Add
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			□ Change
		 -	□Add
			Remove
			□Change
<u>.</u>			□Add
			Remove
			□Change
			□Add
			Remove
			□ Change

	g decorating services and body tape art.
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Effective de	te, if other than the date of filing: (optional)
If an effective d. Note: If the c	te, if other than the date of filing:
ne record speci ord is filed.	fies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	AUGUST 27 2023
Dated	Micale Sermon

.

Filing Fee: \$25.00

COVER LETTER

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

MOSAIC BODY TAPE BY AJA LLC SUBJECT:			
	of Amendment and fee(s) are sub	_	
		NICOLE SERMON	
		Name of Person	
	MOSAIC SIGNATURE GROUP LLC		
	Firm/Company		
	2940 N. COURSE DRIVE #912		
Address			
	POMPANO BEACH FL 33069		
	City/State and Zip Code		
	ms_nmoore@yahoo.com		
		to be used for future annual report no	tification)
For further information	concerning this matter, please c	all:	
NICOLI	ESERMON	407 252-2000 at ()	
Name of Person			me 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)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addi Registration Division of P.O. Box 6	Section Corporations	Street Address: Registration So Division of Co The Centre of	orporations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303