Division of Corporations

Elorida Department of State proving Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mosenda ELC				
(Nume of the Limited Liability Compan (A Florida Limited Li	as it now appears on o ibility Company)	ur records.)		
The Articles of Organization for this Limited Liability Company v Florida document number L23000089521	vere filed on <u>02/20/23</u>	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil	ity company here:			
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designa	ion "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
	···	6+		
		-		
Enter new mailing address, if applicable:		•		
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	dress on our record	s. enter the name of the new registered		
Name of New Registered Agent:				
New Registered Office Address:				
To regime extractions.	Enter Florida street address			
	. Florida			
	Crp	Florida		
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my d ovided for in Chapt	uties, and I am familiar with and er 605, F.S. Or, if this document is		

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>	Address	Type of Action
AMBR	Andrew Wildish	65 Beach Street Apt. 48	
		Bosion, MA 02111	□Remove
		·	DChange
			DAdd
			□Remove
			⊞Change
			□Add
			□Remove
			(TlChange
			FlAdd
			□Remove
			[]Change
			□Add
			LIRemove
			□Remove
			□("hanga

11/1/2023 08.27:55 PDT .

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ted November 1	2023 / Co- Co- o Signature of a member of auth	·		
ecord specifies a delayed effecti is filed.		ano, at 12:01 a.m. on	the earlier of; (b) the	90th day after the
de: If the date inserted in this becament's effective date on the I	lock does not meet the applic department of State's records	able statutory filing t	equirements, this date v	vill not be listed a
ective date, if other than the offective date is listed, the date may	e date of filing:		(optional)	
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