L23000107504

(Requestor's Name)
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(City/State/Zip/Phone #)
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(Business Entity Name)
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J. HORNE NOV 19 2024

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COVER LETTER

	ivision of Co			
SURJECT	MOUVIK	LLC		
DOBGECT	•	Name of Li	mited Liability Company	
The enclose	ed Articles of	Amendment and fee(s) are su	bmitted for filing.	
Please retur	п all correspo	ondence concerning this matte	τ to the following:	
		CHRISTINE CONCEPC	ION	
			Name of Person	-
		CONCEPCION GLOBA	L PLLC	
			Firm/Company	
		201 S BISCAYNE BOUI	EVARD: SUITE 2800	
			Address	
		MIAMI, FLORIDA 3313	1	
		CACONCEPCION@CON	City/State and Zip Code	
			to be used for future annual report notific	cation
For further i	nformation co	oncerning this matter, please o		cuiton)
CHRISTIN	E CONCEPC	ION	305 444 6669	
	Name of	Person	at () 305 444 6669 Area Code Daytime	Telephone Number
Enclosed is a	check for th	e following amount:		
≡ \$25.00 §		□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certificate Copy (additional copy is enclosed)
Reg Div	Ulne Address gistration S vision of Co	ection	Street Address: Registration Section Division of Corporation	

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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

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(Name of the Li	(A Florida Limited	pany as it now appears on o Liability Company)	ur records.)	
The Articles of Organization for this Limited	Liability Company	v were filed on MARCH	I 1, 2023	
Florida document number L23000107504			and assigned	
This amendment is submitted to amend the fo	ollowing:			
A. If amending name, enter the new name	of the limited lial	bility company here:		
The new name must be distinguishable and contain the	e words "Limited Liab	ility Company " the designed	ion #LICT sh. sh.	
Enter new principal offices address, if appl		C/O CONCEPCION GLOBAL		
<u>Principal office address MUST BE A STRE</u>	ET ADDRESS)	201 S BISCAYNE BLVD SUITE 2800		
		MIAMI, FLORIDA 3:	3131	
Enter new mailing address, if applicable:		C/O CONCEPCION (JLOBAL	
Mailing address MAY BE A POST OFFICE BOX)		201 S BISCAYNE BLVD SUITE 2800		
		MIAMI, FLORIDA 33131		
3. If amending the registered agent and/or agent and/or the new registered office addr Name of New Registered Agent:	registered office a ress here: CONCEPCION		enter the name of the new registe	
_ - _				
New Registered Office Address:	201 S BISCAY	NE BLVD SUITE 2800	····	
		Enter Florida strei	rt address	
	MIAMI		22121	
	17217 11711		. Florida ³³¹³¹	

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>	Type of Action
MGR	Abdelillah Khalladi	1075 93rd	□Add
		Apt 402	KRemove
		Bay Harbor, Florida 33154	Change
AMBR	JAMM LTD	C/O CONCEPCION GLOBAL	⊠ Add
		201 S BISCAYNE BLVD SUITE 2800	□Remove
		MIAMI, FL 33131	□ Change
-			
			□Remove
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			□Remove
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an effective date is list ote: If the date in	ther than the date ted, the date must be spected in this block do to date on the Departm	or nung: secific and cannot see not meet the	e applicable sta	of filing or more than 9 tutory filing require	(optional) 0 days after filing ments, this date	
record specifies a d	clayed effective date	, but not an effe	sctive time, at 1	12:01 a.m. on the car	rli er of: (b) Ti	ne 90th day after th
ated October 23		202	4			
(- H////////////////////////////////////					
		ture of a member	or authorized re	presentative of a mem	Der	

Filing Fee: \$25.00