## L23 000 177764



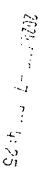
(Requestor's Name)
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(City/State/Zip/Phone #)
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(Document Number)
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## **COVER LETTER**

	ition Secti of Corpo				
SUBJECT:	CONFI	ESS IT BABY, PO	DCAST LLC	•	
SUBJECT:	<del></del>		ed Liability Company		
The enclosed Arti	icles of An	nendment and fee(s) are subm	aitted for tiling		
		ence concerning this matter to			
		IC.	NNIFER MORE	ION	
		021	Name of Person		
			12		
		_	Firm/Company		
			Address		
		HIALEA	, FLORIDA, 33	012	
			City/State and Zip Code		
			be used for future annual r	eport notification	)
For further inform	nation con	cerning this matter, please cal			
JENNII	FER M Name of Po	OREJON	at ( <u>786</u> ) Area Code	973-363 Daytime Telep	
				, ,	
Enclosed is a che	ck for the	following amount:			
\$25.00 Filing	g Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is encl		S60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Address:	Mion	Street Ad Rogistre		
Registration Section Division of Corporations			Registration Section Division of Corporations		
	ox 6327	r · · · -		itre of Tallaha	
Tallaha	issee, FL	. 32314	2415 N.	Monroe Stre	et, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CONFESS IT BABY, POI	DCAST LL	.C	
(Name of the Limited Liability Compan (A Florida Limited Li	<u>ty as it now appea</u> iability Company)	rs on our records.)	
	** .	4/10/23	
The Articles of Organization for this Limited Liability Company v	were filed on	4/10/20	and assigned
Florida document number <u>L23000177764</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	lity company h	ere:	
MOJ.CO.LLC			
The new name must be distinguishable and contain the words "Lim" ed Liabili	ty Company," the c	lesignation "LLC" or the	abbreviction "L.L.C."
Enter new principal offices address, if applicable:			23
			23
(Principal office address MUST BE A STREET ADDRESS)		<del></del>	***
		<del></del>	( ]
			l L
Enter new mailing address, if applicable:			·
• • • • • • • • • • • • • • • • • • • •			
(Mailing address MAY BE A POST OFFICE BOX)			
			<u>い</u> —— <del>佐i</del> ———
			<b>J</b> .
B. If amending the registered agent and/or registered office a	ddress on our r	ecozds, enter the na	ame of the new registered
agent an l'or the new registered office address here:		_ <del></del>	
Name of New Registered Agent:			<del></del>
New Registered Office Address:			
	Enter Flo	rida street address	
		, Florida	
·	Cin		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>	Address	Type of Action
· ·			
		<del></del>	¬Remove
			Change
			□ □Remove
			□Remove
			Change
			⊒Remove
			L Change
			□Remove
			Change

## Page 2 of 3

. If amending	any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Note: If the o	te, if other than the date of filing:
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of day after the record is filed.
Dated (	Signature of Amember of authorized approximative of a member
_	Jennifer Morejon Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00