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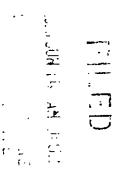
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## **COVER LETTER**

TO:

Registration Section Division of Corporations

MONEY MINDSET SOLUTIONS LLC SUBJECT: \_ Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: JORGE MENDOZA Name of Person JORGE MENDOZA Firm/Company 6355 NW 36 ST SUITE 507 Address VIRGINIA GARDENS, FLORIDA, 33166 City/State and Zip Code jmendoza@patrimonium.co E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JORGE MENDOZA Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$60.00 Filing Fee. □ \$55.00 Filing Fee & ☐ \$30.00 Filing Fee & ■ \$25.00 Filing Fee Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

Tallahassee, FL 32303

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

MONEY MINDSET SOLUTIONS LLC				
( <u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears ( Liability Company)	n our records.)		
ne Articles of Organization for this Limited Liability Compan	y were filed on 05/2	2/2023	and assig	gned
orida document number L23000248932				
nis amendment is submitted to amend the following:				
If amending name, enter the new name of the limited lia	bility company here	:		
e new name must be distinguishable and contain the words "Limited Liab	oility Company," the desi	gnation "LLC" or the	abbreviation "L.L.	.C."
nter new principal offices address, if applicable:		·	<u>.</u>	
rincipal office address MUST BE A STREET ADDRESS)		<u> </u>		
			<u> </u>	1
			<b>I</b> .	, ,
nter new mailing address, if applicable:			·	,
failing address MAY BE A POST OFFICE BOX)		<u> </u>	<u></u>	
Taking duaress MAT BE A FOST OFFICE BOAT		_	: :	
If amending the registered agent and/or registered office ent and/or the new registered office address here:	e address on our rec	ords, <u>enter the na</u>	ame of the new	regist
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florid	r street address		
	Enter Floride	a street address , Florida	Zip Code	

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
MGR	JAIRO MENDOZA	6355 NW 36 ST, VIRGINIA GARDENS, FL, 33166	□Add
			<b>≡</b> Remove
			□Change
MGR	JORGE MENDOZA	6355 NW 36 ST, SUITE 507	<b>≣</b> ∧dd
		VIRGINIA GARDENS, FLORIDA, 33166	□Remove
			□Change
			⊡Add
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ective date, if other than the effective date is listed, the date mule: If the date inserted in this burnent's effective date on the L	lock does not meet the a	ipplicable sta	of tiling or more tuttory filing re	( <b>opti</b> han 90 days after quirements, thi	onal) filing.) Pursuant to s date will not be	o 605.0207 (3 e listed as the
eord specifies a delayed effecti i filed.	ve date, but not an effect	tive time, at	12;01 a.m. on t	he earlier of) (h	) • The 90th day	after the
MAY 26	2023					
	12/2	. A	Hondo	TCl		

Filing Fee: \$25.00