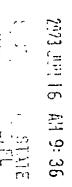
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## **COVER LETTER**

TO:

Registration Section

**Division of Corporations** MOISE WINNERS MARKETING 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: PHILIPPE MOISE Name of Person MOISE WINNERS MARKETING LLC Firm/Company 1810 SW 81ST AVENUE APT 2103 Address NORTH LAUDERDALE, FL 33068 City/State and Zip Code MOISEWINNERSMARKETING@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: PHILIPPE MOISE 588-1482 Name of Person Daytime Telephone Number Enclosed is a check for the following amount: **\$25.00** Filing Fee ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) **Mailing Address:** Street Address: Registration Section Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MOISE WINNERS MARKETING LLC

( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records Liability Company)	<u>.</u> )
The Articles of Organization for this Limited Liability Company	and assigned	
Florida document number L23000277640	•	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC"	or the abbreviation, L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
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		militaria en la companya de la companya della companya de la companya de la companya della companya della companya de la companya della compa
Enter new mailing address, if applicable:		9: 3
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>	<u> </u>
agent and/or the new registered office address here:  Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street address	
	Flor	rida
You Builded A. C.	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent and agraphovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this capacity. I furi performance of my duties, and provided for in Chapter 605, F	d Lam familiar with and S.S. Or, if this document is
	nging Registered Agent Signature of	

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
AMBR	MOISE, PHILIPPE	1810 SW 81ST AVENUE APT 2103	□Add
		NORTH LAUDERDALE, FL 33068	□Remove
			□Change
			□Add
			□Remove
			Change
			Z¶Add ☐ Remove
			Change :
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		<del></del>	□Change
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