L23000297749

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DEPARTMENT OF STATE HAVISION OF CORPORATION: TALLAHASSEE, FLORIDA

2023 OCT 30 PM 3: 4.1

A. PARISHANI NOV 0 6 2023

COVER LETTER

TO: Registration Sec Division of Corp		y:-	•
SUBJECT:	MAMA C	OMMERCE LLC ted Liability Company	
	Amendment and fee(s) are subradence concerning this matter t		023 OCT 30 PH 3: 48 UEFARTMENT OF STATE OVISION OF CORPORATION TALLAHASSEE, FLORIOS
	SCOTT W	AN ZEELAND Name of Person	# 3: 68 FLORIBA
	MAMA COM	MERCE LLC Firm/Company	
	1431 SIMPSO	NRD#1038, KUSIMA	MEE, FL, 34744
		City/State and Zip Code COM 4 LOGMAIL COM o be used for future annual report notification)	
For further information ed	oncerning this matter, please ca	dl:	
NIUOLE Name of	LUCE	at (704) 975 333 Area Code Daytime Telephone	Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	60.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)
<u>Mailing Addres</u> Registration 5 Division of C	Section orporations	Street Address: Registration Section Division of Corporations	
P.O. Box 632	7	The Centre of Tallahasse	ee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

DEPARTMENT DIVISION OF COL TALLAHASSE	2023 OCT 30
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### ###	CD T

The Articles of Organization for this Limited Liability Company were filed on Florida document number <u>L23</u>000297749 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: H20 BRO LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 1431 SIMPSON RD#1038 Enter new principal offices address, if applicable: KISSIMMEE, FL 34744 (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address . Florida _ City

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, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member Title Name Address Type of Action ______ Remove _____ Change □Remove _____ □Remove ______ □Change _____ □Add _____ □Remove

Page 2 of 3

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Note: If the date	if other than the is listed, the date muse inserted in this bl etive date on the D	lock does not r	neet the applic	abie statutory ii	(0 r more than 90 days : ling requirements,	ptional) after filing.) Pursuant to this date will not be	605.0207 listed as
	cifies a delayed ay after the rec			t an effective	e time, at 12:0	01 a.m. on the ea	arlier of
The 90th da							
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Filing Fee: \$25.00