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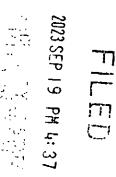
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COVER LETTER

SUBJECT:	کام ۱	FOR	MOMS LL	<u> </u>	
		Name of Limit	ed Liability Company		
The enclosed Articles of Am	nendment and	fee(s) are subm	nitted for filing.		
Please return all corresponde	ence concerni	ng this matter to	the following:		
		Shick	MA RA	mones	
			Name of Person		
			Firm/Company	· · · · · · · · · · · · · · · · · · ·	
	3021	ISOL	A Bella B	lvd	
		Moon.	+ Dora	FL 32	757
	E	mail address: (to	4mon a gr be used for future angust	report notification)	n
For further information cond	cerning this m	atter, please cal	l:		
Shirley A. R	ANOC	- 2	at (<u>646</u>) <u>(</u> 6	59-498 Daytime Telepho	2_ one Number
Enclosed is a check for the f	following amo	ount:			
\$25.00 Filing Fee	S30.00 Fill Certificat	ing Fee & te of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is encl		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address			Street Ad	ldress:	

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	OMS LL	on our records)		
(Name of the Limited Liability Com (A Florida Limited)	d Liability Company)	On our records.		
The Articles of Organization for this Limited Liability Compar	ny were filed on	8/12/20	23 and a	ssigned
Florida document number <u>L 23000379984</u> .				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	ability company her	<u>æ</u> :		
MAPS FOR MOM	LLC			
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the de-	signation "LLC" or	r the abbreviation '	L.L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
			023 S	
			- XF	1 [
Enter new mailing address, if applicable:			<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)			- 10	[[]
			<u> </u>	
B. If amending the registered agent and/or registered office	- address on our ma	nords ontor the	ω · ··································	en manistarad
agent and/or the new registered office address here:	e address on our re	corus, <u>emer in</u>	e name or the n	ew registered
Name of New Registered Agent:	· 			
New Registered Office Address:				
100010000000000000000000000000000000000	Enter Flori	da street address		
		, Flori	da	
	City	,	Zip Сою	ie –
New Registered Agent's Signature, if changing Registered Agen	<u>ıt:</u>			

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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			Remove
			□Add
			□Remove

Page 2 of 3

D. If amend	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an effect <u>Note:</u> If	e date, if other than the date of filing: 96003 (optional) ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the t's effective date on the Department of State's records.
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: Oth day after the record is filed.
Dated <u>«</u>	Signature of a member or authorized representative of a member
	Shizley A. Ramones

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