## L23000418197

(Requestor's Name)
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(City/State/Zip/Phone #)
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(Business Entity Name)
,
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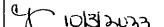


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2023 SEP 18 AN 7: 2

Office Use Only



## **COVER LETTER**

TO: Registration So Division of Cor		•		
\$	Moul Restand	ant Venture,	LLC	
SUBJECT:	Name of Lim	nited Liability Company	<u> </u>	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	$\mathcal{L}_{i}$	18tin Bui		
		Name of Person		
	Sài	pon Pearl, LLC	·	
		Firm/Company		
	5037 Lak	e Blud		
		Address		
	Delray B	each, FL 3348	34	
	5001 1/	City/State and Zip Code		
	828000 E-mail address: (	a Smail. Com to be used for future annual report noti	fication)	
For further information c	oncerning this matter, please c			
Justin E	<u>3</u> û	at (727) 295	-9595	
Name o	f Person	Area Code Daytim	e Telephone Number	
Enclosed is a check for the	ne following amount:			
\$25,00 Filing Fee	T \$30,00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres		Street Address:		
Registration Section Division of Corporations			Registration Section Division of Corporations	
P.O. Box 632	•	The Centre of T	•	
Tallahassee, I	FL 32314	2415 N. Monro	e Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 550 10 21 7 01

New Restour		KC 2023 92. 10 Ril 1: 21
( <u>Name of the Limited Liabi</u> (A Floric	lity Company as it now appears on ( la Limited Liability Company)	our records.)
	,	
The Articles of Organization for this Limited Liability	Company were filed on 💇	07/2023 and assigned
Florida document number <u>L2300041819</u>	<del>}</del> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	earl. 1LC	
The new name must be distinguishable and contain the words "Lir	mited Liability Company," the designa	ition "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	<del></del>	
B. If amending the registered agent and/or registered	ed office address on our record	ds enter the name of the new registered
agent and/or the new registered office address here:		is, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida sti	vet address
		, Florida
	City	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 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
			□Remove
			□Change
			□Remove
			☐ Clumge
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			\ \ \ \ \ \ \
			⊒ Remove
			TChrange

). If ameno	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
` •	
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(If an effect Note: If	e date, if other than the date of filing:
the record secord is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the l.
Dated	$(\mathcal{L}\mathcal{L})$
	Signature of a member or authorized representative of a member  Typed or printed name of signee