

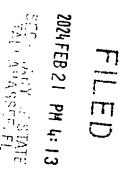
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200424212792

12/01/24--01/47--075/ **21.00



COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Corporations MORA INVESTMENTS 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: LUIS MORA Name of Person MORA INVESTMENTS LLC Firm/Company 110 COCONUT GROVE WAY Address KISSIMMEE, FL 34758 City/State and Zip Code ATS241082@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LUIS MORA 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 Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MORA INVESTMENTS LLC		•
(Name of the Limited Liability Cor (A Florida Limit	npany as it now appears on our records led Liability Company)	<u>.</u>)
The Articles of Organization for this Limited Liability Comparing document number <u>L23000547750</u> .	any were filed on 12/11/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited I	iability company here:	
MORA INVESTMENT-LLC		
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		2024 FE
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		21 PM II: 13
B. If amending the registered agent and/or registered officagent and/or the new registered office address here:	ce address on our records, <u>enter (</u>	the name of the new register
Name of New Registered Agent:	. ,	
New Registered Office Address:	P. Challes	
	Enter Florida street address	
	, Flo	
	City	Zıp 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
			□Add
			□Remove
			□ Change
			□Add
			· □ Remove
			□Change
			□Add
			□Remove
			Change
			□Remove
			□Change
			· □Add
			□Remove
			□Change
			□ Add
			□Remove
			□ Chanee

	•
	•
Note:	tive date, if other than the date of filing:
	and 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 filed.
d is f	
	1 02/15/2024
	The state of the s
d is f	02/15/2024 Signature of a member or authorized representative of a member

Filing Fee: \$25.00