Division of Corporations

Florida Department of State Division of Corporations Executoric Hing Cover Steet

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To:		· ·	174.
	Division of Corporations		1.1.1.7
	Fax Number : (850)617-6383	: .	7
From:			_
	Account Name : FASTKIT CORP	•	=
	Account Number : I20100000000		-
	Phone : (305)599-2839		
	Fax Number : (305)592-9591		

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

PERSONAL OF STATES

Email	Address:	 	·	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MOMA'S MERCH LLC

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Corporate Filing Menu

MAR 2 8 2024

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

	MOMA'S MERCH LLC	
(Name of the Li	mited Liability Company as it now appe (A Florida Limited Liability Company	ars on our records.)
The Articles of Organization for this Limited Incide document number 1.24000113044		3/05/2024 and assigned
his amendment is submitted to amend the fi		
. If amending name, enter the new name	•	Mere.
		2021
he new name must be distinguishable and contain th	e words "Limited Liability Company," the	designation "LLC" or the abbreviation, "L.L.C."
nter new principal offices address, if app	lian bla:	: 5
Principal office address MUST BE A STRI	 -	
The par office unit (33 97 037 BE A STRE	ERT ADDRESS)	
nter new mailing address, if applicable:	<u> </u>	· · · · · · · · · · · · · · · · · · ·
Mailing address MAY BE A POST OFFIC	E BOX)	
. If amending the registered agent and/or tent and/or the new registered office addr	registered office address on our r cess here:	ecords, enter the name of the new registe
Name of New Registered Apent:	MONIKA PEREZ	
Name of New Registered Agent:		
Name of New Registered Agent: New Registered Office Address:	201 SW 2ND AVE #105	
	201 SW 2ND AVE #105 Enter Flor	rida street address
	201 SW 2ND AVE #105	rida street adaress Florida 33034

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

Title	Name	Address	Type of Action
MGR	MONICA PEREZ	201 SW 2ND AVE #105	
		FLORIDA CITY, FL 33034	
		201 SW 2ND AVE #105	
MGR	MONIKA PEREZ	FLORIDA CITY, FL 33034	
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offective date is	ned, the date must be specific and cannot be prior to	(optional) cate of filing or more than 90 days after filing.) Pursuant to 605.
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03/27/2024		
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