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2024 DEC -5 AM 9: 21



COVER LETTER

	Registration Se Division of Con			
SUBJEC	MAMA BI	ANKET LIQUIDATION LLC	3	
SOBJEC	-1. <u></u>	Name of Lin	nited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		MAGGIE JEAN CHARLI	∃S	
			Name of Person	_
		MAMA BLANKET LIQU	IIDATION LLC	
			Firm/Company	-
		2025 NW 46TH AVE APT	Г С201	
			Address	_
		LAUDERHILL, FL 33313	1	
			City/State and Zip Code	_
		MAGUILAJEANCHARLE	_	
For furthe	er information c	u-mail address: (oncerning this matter, please c	to be used for future annual report notification)	
MAGGII	E JEAN CHARI	LES	954 918 9297	
	Name o	f Person	at () Area Code Daytime Telephone Numbe	 :r
Enclosed	is a check for th	ne following amount:		
□ \$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	ate of Status &
]]	Mailing Addres Registration S Division of C P.O. Box 632	Section orporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION ILED **OF**

MAMA BLANKET LIQUIDATION LLC

2024 DEC -5 AM 9: 214

(<u>Name of the Lim</u>	i <mark>ted Liability Compan</mark> (A Florida Limited Li	y as it now appears ability Company)	en our records: OF ST TALLAHASSEE.	ATE FL
The Articles of Organization for this Limited	Liability Company y	were filed on 05/2		
florida document number 1.24000243787				
This amendment is submitted to amend the following				
A. If amending name, enter the new name	of the limited liabil	lity company her	<u>e</u> :	
SAME				
he new name must be distinguishable and contain the	words "Limited Liabili	ly Company," the de:	signation "LLC" or the abb	previation "L.L.C."
Enter new principal offices address, if applicable:		SAME		
Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable:		SAME		
Mailing address MAY BE A POST OFFICE	E BOX)			
3. If amending the registered agent and/or gent and/or the new registered office addr		idress on our rec	cords, <u>enter the nam</u>	of the new reg
Name of New Registered Agent:	MAGGIE JEAN	CHARLES		
New Registered Office Address:	2025 NW 46TH	AVE APT C201		
		Enter Floria	la street address	
	LAUDERHILL		, Florida ³³³	13 Zip Code

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>	<u>Address</u>	Type of Action
MGR	MAGGIE JEAN CHARLES	2025 NW 46TH AVE	□Add
		APT C201	
		LAUDERHILL FL 33313	■Change
			□Add
			□ Change
			□Add
			Remove
			☐ Change
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			Remove
			□ Change

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lf an eff Note:	ve date, if other than the date of filing: 11/29/2024 (optional) ective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as tent's effective date on the Department of State's records.
e record rd is til	d 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 ed.
Dated	N/A
	Signature of a member or authorized representative of a member
	MAGGIE JEAN CHARLES
	Typed or printed name of signee

Filing Fee: \$25.00