# L24000430501

(R	equestor's Name)
(Ac	ddress)
(A)	ddress)
(Ci	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer: J. HORNE
	NOV - 6 2024

Office Use Only



100438113541

## **COVER LETTER**

TO:

Tallahassee, FL 32314

TO:	Registration Sec Division of Corp						
	Moular_Chi	ic LLC					
SUBJE	CT:	Name of Limit	ted Liability Company		<del></del>		
The enc	losed Articles of A	Amendment and fee(s) are subn	nitted for filing.				
		ndence concerning this matter t					
		Catiria Guerrero Moulabi					
			Name of Person				
			Firm/Company				
		4377 Laurel Ridge Circle					
			Address				
		Weston FL, 33331					
City/State and Zip Code							
		Catiriaguerrero@hotmail.co	om to be used for future ann	ual report polific	ation)		
				dar repair tours	<b></b>		
For fur	ther information c	oncerning this matter, please ca					
Catiria	Guerrero Moulat	bi	646 at ()	704-6967			
	Name o	of Person	Area Code	Daytime 1	Telephone Number		
Enclos	ed is a check for t	he following amount:					
<b>□ \$</b> 2	5.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing f Certified Copy (additional copy i	y	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	Mailing Addre			et Address:	tion		
	Registration Division of 0			Registration Section Division of Corporations			
	P.O. Box 633		The	Centre of Ta	llahassee		
	Tallahassee.		241	5 N. Monroe	Street, Suite 810		

Tallahassee, FL 32303

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Moular_Chic LLC	2027	<u> 21 55 1</u> 58
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	
he Articles of Organization for this Limited Liability Comporida document number 1.24000430501	any were filed on 10/16/2024	and assigned
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	liability company here:	
Aolar_Chic LLC		
ne new name must be distinguishable and contain the words "Limited I	iability Company," the designation "LLC" of	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	5)	
TINCHER OFFICE HALLESS MOST BE ASTREET ABBREES		
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered off	ice address on our records, <u>enter th</u>	ne name of the new regis
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	. Flor	rida
	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 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
			□ Remove
			Change
			Remove
			☐ Change
			□ Add
			□Remove
			Remove
			Change
			□Add
		<u></u>	□Remove
			Change

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Mective date, if other than th	e date of filing:			(optional)	
f an effective date, if other than the fan effective date is listed, the date munder the lift in this but the date inserted in the date inserted in the date	wer ha enecific and cannot be prio	no date of filing (	or more than 90 day iling requirement	s after filing.) Pursuan s. this date will not	be listed
document's effective date on the I	Department of State's records	•			
ne record specifies a delaye The 90th day after the re	ed effective date, but no ecord is filed	ot an effectiv	e time, at 12	ui a.m. on the	earner
The 90th day after the re	goru is med.				
October 16 Dated	2024				
Jaicu	atiria Guener	 . ha i			
(	auru Guener	Mond	epi		
	Signature of a member or aut	******	- د عا معدد حمد د گری درستای		

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