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COVER LETTER

SUBJECT: MOOS Lemonade LLC 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:					
	Morgan	Pichard SOI Name of Person	<u></u>		
	-	Firm/Company			
7651 NW 56 Ct					
Chiefland FL 32626 City/State and Zip Code					
Moos emonade annual ecom E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
	unardson Person		9669 Telephone Number		
Enclosed is a check for the	following amount:				
S25.00 Filing Fee	☐ \$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)		

TO:

Registration Section Division of Corporations

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MOS LEMONACI (Name of the Limited Liability Com (A Florida Limite	pany as it now appears on d Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Compar Florida document number <u>L25000 100 529</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liz	ability company here:		
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the design	nation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:		28 611	
(Mailing address MAY BE A POST OFFICE BOX)		完 2	
maning address WAT BE A TOST OF TICE BOAT			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our reco	rds, enter the name of the new registered	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street 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
MGR	Michelle Bryan	7651 NW Stect Fl 32	and 636 □Add
			Remove
			□Change
MGR	Morgan Richardson	7651 NW 56 C+ FL 326	ncl 26 t XAdd
			□Remove
			□Change
			□Add
			□Remove
			□Change
		-	🗆 Add
			□Remove
			🗀 Change
			□Add
			□Remove
			□Change
	·		🗆 Add
			□Remove
			C Channe

D. Afameno	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	
(If an effect <u>Note:</u> If	edate, if other than the date of filing:
If the record s record is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated!	April 28th 2025.
	Signature of a member or authorized representative of a member
	Morgan Lichardson Typed or printed name of signee