

M220000006230

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

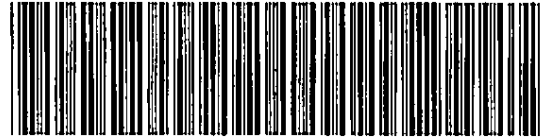
(Document Number)

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Certificates of Status \_\_\_\_\_

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
22 MAY 24 AM 10:17

T. MATTHEWS

JUL 28 2022

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MOM HIT THE JACKPOT, LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rosario Lopez

Name of Person

Mom Hit The Jackpot, LLC

Firm/Company

2617 Annette Street

Address

Flagler Beach FL 32136

City/State and Zip Code

rosie@opusmusicgroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David E. Parker

at (917) 617-7774

Name of Person

Area Code & Daytime Telephone Number

**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

**Enclosed is a check for the following amount:**

- |   |   |  |  |
|---|---|--|--|
| <input checked="" type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$60 Filing Fee,<br>Certificate of Status &<br>Certified Copy |
|---|---|--|--|

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

**SECTION I (1-4 must be completed)**

**22 MAY 24 AM 10:17**

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: MOM HIT THE JACKPOT, LLC

Enter new principal office address, if applicable: 2617 Annette Street

(Principal office address

MUST BE A STREET ADDRESS)

Flagler Beach, Florida, 32136

Enter new mailing address, if applicable:

2617 Annette Street

(Mailing address

MAY BE A POST OFFICE BOX)

Flagler Beach, Florida, 32136

2. The Florida document number of this limited liability company is: M22000006230

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: April 19, 2022

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

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 Changing Registered Agent, Signature of New Registered Agent

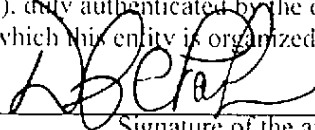
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

Change title, capacity, and address of Rosario Lopez

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR/ME	Rosario Lopez	2617 Annette Street, Flagler Beach, FL 32136	<input checked="" type="checkbox"/> Add
		1114 Helene Ave., Plainfield, NJ 07062	<input checked="" type="checkbox"/> Remove
MBR	Carmen Bourdeau	71 Beachwood Drive, Flagler Beach, 32136	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

David E. Parker

Typed or printed name of signee