N21000001510

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	5	7 11/18/22
		

Office Use Only



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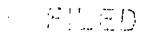
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COVER LETTER

Division of Corporations			
NAME OF CORPORATION:		* Mobodkhoneles	SSINC
DOCUMENT NUMBER:	86-17946	2/6	0.
The enclosed Articles of Amendme	nt and fee are submitted for filing.		
Please return all correspondence cor	ncerning this matter to the following:		
CRI	STINA (ELL	101	
	(Name of Contact Pers	rson)	
ř	onhackhomele	2SS 100	
	(Firm/ Company)		
(40	Meridian 2	eve apt 324	
	Mianti Roce Cl	1, Fe 33/3°	9
E-mail a	ddress: (to be used for future annual repo	omolossa) amail.	con
For further information concerning	this matter, please call:		2
	of Contact Person) at	(Area Code) (Daytime Telephone Number)	8
Enclosed is a check for the following	ng amount made payable to the Florida De	Department of State:	
	.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certificate of Status	
Mailing Address	Stre	eet Address	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of



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	O1	
Name of Corporation as currently filed with the F	lorida Dept. of State)	
a ala paluk	=h0M0(S1.	\cap
1 MOCKE	211011150221	
(Documen	nt Number of Corporation (if known	wn)
ursuant to the provisions of section 617,1006, Florid	a Statutes, this Florida Not For I	Profit Corporation adopts the following
mendment(s) to its Articles of Incorporation:		
If amounting some option the new name of the o	omnumition:	
. If amending name, enter the new name of the co	orporation.	
		The new
ame must be distinguishable and contain the word "c	corporation" or "incorporated"	or the abbreviation "Corp." or "Inc."
Company" or "Co." may not be used in the name.		
B. Enter new principal office address, if applicable	e:	
Principal office address MUST BE A STREET ADI		
. Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	
16		
 If amending the registered agent and/or registered new registered agent and/or the new registered 		ner the name of the
	<u> </u>	ソハロドフ
Name of New Registered Agent: \(\sqrt{\chi}\)	LARUL TIL	VIL
1	un Modelica	Aug Hot 324
-4-	(Flora	da street address)
New Registered Office Address:	1 . 7	1
	Miami Becce	つ Florida 3313
	(City)	(Zip Code)
	Λ	·
ew Registered Agent's Signature, if changing Reg	zistered Agent;	a ablications of the marting
hereby accept the appointment as registered agent.	1 am jaminar with and accept the	e congations of the position.
	1 1 1 5	
\leftarrow		
	Signature of New Registers	Avent if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President: T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President. Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Mike Jones, V as Remove	, and Sauy Smun,	Sv as an Aua.	
Example: X Change X Remove X Add	PT John Do V Mike Jo SV Sally Sr	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) ChangeAdd	oficedie	Zyany(n2	11 40 Dean Street # 9 Brooklyn NC 4216
Remove 2)Change	ngo literuman	Jer. 1 11	140 Vocalian Ale Apt 30
Remove Change Add Remove	He manager	Carol Alvarez	140 Mecidion Av. Apt 321
4) Change Add			
Remove			
5)ChangeAdd			
Remove			
6) Change Add			
Remove			
E. If amending or add (attach additional sh	ing additional Ar eets, if necessary).	ticles, enter change(s) here: (Be specific)	

explanation

CRISTINA FRICA FAI CAROL	LELLI 20NE ALVAI	N1 RF2	is_ is_	the a p	offici He	e chec Monto tle m	For. Ende
Zyanja (noboclyshom							
The date of each amendment(s) ado date this document was signed.	ption:	07/	26	122		, if ot	ner than the
Effective date <u>if applicable</u> :	(no more tha	ın 90 days afta	er amendm	ent file date)			
Note: If the date inserted in this block	k does not meet th	ne annlicable	statuto r y fi	ling remireme	nts this date	will not be lister	d as the

Adoption of Amendment(s)

document's effective date on the Department of State's records.

(CHECK ONE)

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.
Dated O7/26/2-20
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
(Typed or printed name of person signing)
(Title of person signing)

. . .