

10700083319

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

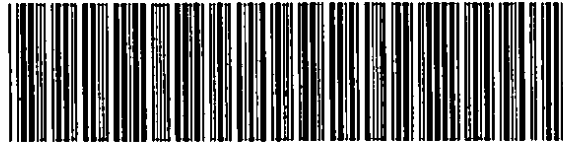
(Business Entity Name)

(Document Number)

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STATE DEPT OF REVENUE
TALLAHASSEE FL 32304

JUL 24 2017
J. HARRIS

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

Moses Investments, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on August 14, 2007 and assigned Florida document number L0700083319.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: <i>(Principal office address MUST BE A STREET ADDRESS)</i>	<u>Moses Investments, LLC</u> <u>537 SE CR 475</u> <u>Branford, FL 32008</u>
Enter new mailing address, if applicable: <i>(Mailing address MAY BE A POST OFFICE BOX)</i>	<u>Moses Investments, LLC</u> <u>537 SE CR 475</u> <u>Branford, FL 32008</u>

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 CLERK OF DISTRICT COURT
 IN AND FOR THE COUNTY OF
 POLK, FLORIDA

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

<u>Name of New Registered Agent:</u>	<u>Patricia Stuart</u>
<u>New Registered Office Address:</u>	<u>4641 W US Hwy 90</u> <small>Enter Florida street address</small>
	<u>Lake City</u> , <u>Florida</u> <u>32055</u>
	<small>City Zip Code</small>

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.

Patricia Stuart
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>	<u>Type of Action</u>
MGR	Candace Harris	Candace Harris	<input type="checkbox"/> Add
		411 SE County Road 475	<input checked="" type="checkbox"/> Remove
		Branford, FL 32008	<input type="checkbox"/> Change
AMBR	Odessa Moses	Odessa Moses	<input type="checkbox"/> Add
		537 SE CR 475	<input type="checkbox"/> Remove
		Branford, FL 32008	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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 SECRETARY OF STATE

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated July 19, 2017

Handwritten signature of Lori Ericson

Signature of a member or authorized representative of a member

Lori Ericson

Typed or printed name of signee

STATE DEPARTMENT OF STATE
TALLAHASSEE FLORIDA

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