

LI 0000072069

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

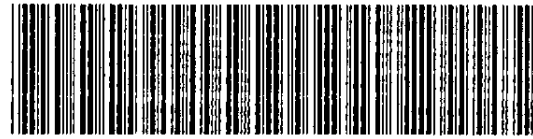
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500199041715

03/25/11--01016--006 **25.00

2011 MAR 25 AM 10 35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

T. CLINE

MAR 28 2011

EXAMINER

Moxy Partners A, LLC

March 15, 2011

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

RE: Moxy Partners A, LLC Articles of Amendment

To whom it may concern:

Enclosed please find the original of Articles of Amendment relative to the above matter, along with our check in the amount of Twenty Five Dollars and 00/100's (\$25.00) relative to the filing fee. If the Amendment meets with your approval I ask that you file the amendment at your earliest convenience.

Thank you for your assistance in this matter.

Sincerely,



Jenny L. Colwell

FILED
2011 MAR 25 AM 10:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Encl.

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

Moxy Partners A

(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 July 8, 2010 and assigned Florida document number L10000072069.

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 end with the words "Limited Liability Company," the designation "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:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
2011 MAR 25 AM 10:35
SECRETARY OF STATE
TALLAHASSEE, 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:

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

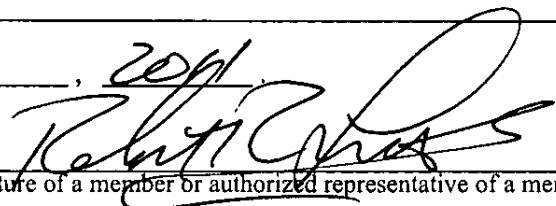
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Robert G Eberhard III	1085 PARTRIDGE CIRCLE Naples, FL 34103	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

2011 MAR 25 AM 9:35
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

FILED

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

Dated 3/5, 2011



Signature of a member or authorized representative of a member

Robert R Lucas

Typed or printed name of signee