

L12000106496

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

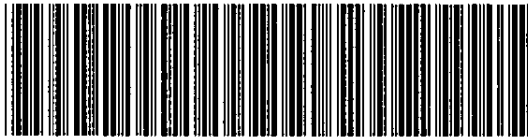
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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AND
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D. BRUCE

DEC 04 2012

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Moore'sLights, 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:

Lynn Perez
Name of Person
Gray Robinson, P.A.
Firm/Company
401 E. Jackson Street, Suite 2700
Address
Tampa, Florida 33602
City/State and Zip Code
Brent.Britton@Gray-Robinson.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lynn Perez at (813) 273-5197
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- X\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

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

Moore'sLights, 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 20, 2012 and assigned Florida document number L12000106496.

This amendment is submitted to amend the following:

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

Moore'sCloud, LLC

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:

401 E. Jackson St., Ste. 2700

(Principal office address MUST BE A STREET ADDRESS)

Tampa, Florida 33602

Enter new mailing address, if applicable:

401 E. Jackson St., Ste. 2700

(Mailing address MAY BE A POST OFFICE BOX)

Tampa, Florida 33602

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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: _____

401 E. Jackson St., Ste. 2700

Enter Florida street address

Tampa

City

, Florida 33602

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**

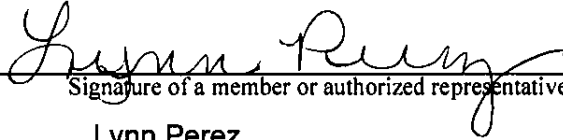
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated November 29, 2012.



Signature of a member or authorized representative of a member

Lynn Perez

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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