

L18000072992

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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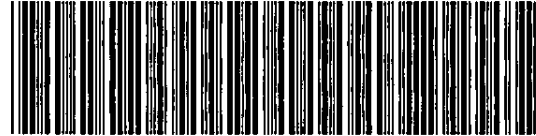
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA
18 APR 20 PM 1:59

N COOPER

APR 28 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Mosami 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:

Alfredo D Xiques

Name of Person

Garcia & Xiques PA

Firm/Company

2950 SW 27 Ave, Suite 100

Address

Miami, FL 33133

City/State and Zip Code

axiques@rptgfla.com

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

For further information concerning this matter, please call:

Alfredo Xiques

305 358-4800
at ()

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

☐ \$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

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

Mosami 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 March 22, 2018 and assigned
Florida document number L18000072992.

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:

2950 SW 27th Ave, Suite 100

(Principal office address MUST BE A STREET ADDRESS)

Miami, Florida 33133

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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 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

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	Jackie Cure	44 Druid Drive	<input checked="" type="checkbox"/> Add
		Asheville, NC 28806	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Mosa Properties Inc.	44 Druid Drive	<input checked="" type="checkbox"/> Add
		Asheville, NC 28806	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Mosa Properties LLC	44 Druid Drive	<input type="checkbox"/> Add
		Asheville, NC 28806	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

This amendment is filed to:

(i) Correct a Scrivenor's error in the original articles whereby the Member was

described as Mosa Properties LLC a North Carolina limited liability company when the correct entity is

Mosa Properties Inc., a North Carolina corporation.

(ii) Amend Paragraph V of the Articles of Organization to make the Company a Manager Managed entity and

to state the initial Managers are Mosa Properties, Inc., a North Carolina corporation and Jackie Cure

18 APR 20 PM 1:59

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TALLAHASSEE, FLORIDA

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 entered 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 April 19 2018

- DocuSigned by:

JAMAL ALROUMI

~~REF ID: A68483~~

Signature of a member or authorized representative of a member

Jamal Alroumi as President of Mosa Properties, Inc.

Typed or printed name of signee