



# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: MOISA ORGANIZATION, 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:

MyCorporation Business Services, Inc.

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

26025 Mureau Road, Suite 120

\_\_\_\_\_  
Address

Calabasas, CA 91302

\_\_\_\_\_  
City/State and Zip Code

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

For further information concerning this matter, please call:

Processing Department

877 692-6772  
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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

2024 S. -2 P. 6: 25

MOISA ORGANIZATION, 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 07/24/2019 and assigned Florida document number L19000180787.

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:

2801 N Hwy A1A, Unit F

(Principal office address MUST BE A STREET ADDRESS)

Fort Pierce, FL 34949

Enter new mailing address, if applicable:

2801 N Hwy A1A, Unit F

(Mailing address MAY BE A POST OFFICE BOX)

Fort Pierce, FL 34949

**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:

Anthony Estevez

New Registered Office Address:

2801 N Hwy A1A, Unit F

*Enter Florida street address*

Fort Pierce

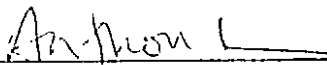
*City*

Florida 34949

*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.*

  
Anthony Estevez  
If Changing Registered Agent, Signature of New Registered Agent



