110000120123

(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



200301495512

07/21/17--01009--019 **25.00

PILED PH 4: 20 SECRETARY OF FLORING

K. SALY JUL 2 6 2017

COVER LETTER

то:	Registration Se Division of Cor							
41 1175 17 1		NVESTMENTS, LLC						
SUBJEC	υ1: <u> </u>	:						
The encl	losed Articles of	Amendment and fee(s) are sub	omitted for filing.					
Please re	eturn all correspo	ondence concerning this matter	to the following:					
		E. DAVID BENSALXON						
			Name of Person					
		MOSALINVESTMENTS	LLC					
	Firm/Company							
		20855 NE 16TH AVE., SU	ЛГЕ C12					
			Address					
		MIAMI, FL 33179						
		edbensadon@gmail.com	City/State and Zip Code					
		E-mail address; (to be used for future annual repo	t notification)				
For furth	ner information c	oncerning this matter, please c	all:					
E. DAV	ID BENSADON	:	786 558-22	33				
Name of Person			at () Area Code	aytime Telephone Number				
Enclosed	f is a check for t	he following amount:						
\$25.	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)				
	Registr Divisic P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assec, F1, 32314	Registration ! Division of C Cliffon Build	orporations				

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



MOSAL 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 _______ and assigned 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 "LLC," 19523 NE 17 AVE Enter new principal offices address, if applicable: MIAMI, FL 33179 (Principal office address MUST BE A STREET ADDRESS) SAME AT ABOUT 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 ___

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.

Cirv

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 = N $AMBR = A$	Aanager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
			□ Remove
			Change
			□ Rende
			To Change
			Remark 20
			☐ Change
			Add
			☐ Remove
			Change
			□ Add
			□ Remove
			□ Change
			Remove
			Change

										
								 -		
		_			· · · · · ·			77.	<u>ب</u> ن	. •
								7,17	2	7
								ر ر :	7	ı
					•	_			PART STATE	<u>.</u>
-				-	•					20
-										
		_		.						
										
ffective date,	if other then	the data of	filing				lantian	al\		
an effective date in the date	is listed, the dati	: must be specifi	ic and canno	t be prior to d	ate of filing or	more than 90) days after fil	ing.) Pursua	nt to 605,0207	(3)(b
ocument's effec	tive date on the	ne Department	t of State's	records.	Maraton y III	me requirer	ocius, iiis u	are with the	e to nated as	IIIC.
e record spe	cifies a del:	aved effecti	ve date .	but not a	a effective	timo at	12:01 2 4	n on the	s agrliar of	
The 90th da	y after the	record is fil	led\	out not a	renective	: tillie, at	12.01 8.1	n. On the	earner or	
	, lu	17/5	\ \	(10						
Pated V	<u>` </u>		7/1/	01115	S					
_		Simpling		r or authorize	\sim	mumb				
		ci.	~		n representati	i e vi a memi	· - 1			
	_			オンシ	100 CM	71349	りて			

Page 3 of 3

Filing Fee: \$25.00