

8/17/2020

Division of Corporations

Florida Department of State
Division of Corporations
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
M.O.S., LLC**

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Corporate Filing Menu

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COVER LETTER

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TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: M.O.S., LLC

DOCUMENT NUMBER: L01000014893

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

TAMMY WILLIAMS

Name of Contact Person

M.O.S., LLC

Firm/ Company

POST OFFICE BOX 902

Address

MADISON, FLORIDA 32341

City/ State and Zip Code

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

For further information concerning this matter, please call:

TAMMY WILLIAMS

Name of Contact Person

at ()

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

Mailing Address

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

Street Address

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

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**AMENDED AND RESTATED ARTICLES OF ORGANIZATION
OF
M.O.S., LLC**

The undersigned subscriber to these Amended and Restated Articles of Organization, a natural person, competent to contract, hereby execute these Amended and Restated Articles of Organization for the purpose of amending the Articles of Organization for M.O.S., LLC, a Florida limited liability company, filed on August 30, 2001, and assigned Document Number L01000014893.

ARTICLE I.

The name of this limited liability company is M.O.S., LLC.

ARTICLE II.

The period of duration for this limited liability company shall be perpetual.

ARTICLE III.

The mailing address and street address of the principal office of this limited liability company is 312 S. Washington Street, Madison, Florida 32340.

ARTICLE IV.

The name and street address of the initial registered agent of this limited liability company is TAMMY WILLIAMS, 312 S. Washington Street, Madison, Florida 32340.

ARTICLE V.

The only members of this limited liability company are TAMMY WILLIAMS, and AMANDA WILLIAMS, who own all of the membership interest as joint tenants with rights of survivorship. The members of this limited liability company may admit additional members to

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this limited liability company by unanimous vote of the members of this limited liability company.

ARTICLE VI.

The remaining members of this limited liability company shall have the right to continue the business of this limited liability company on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in this limited liability company.

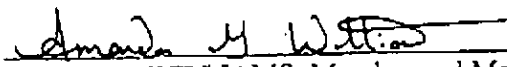
ARTICLE VII.

This limited liability company shall be a manager managed company, and the Managers shall be TAMMY WILLIAMS, and AMANDA WILLIAMS, each of whom shall have the right and authority to manage this limited liability company, and take actions and execute documents on behalf of this limited liability company, without the consent and joinder of the other.

IN WITNESS WHEREOF, the members and Managers of this limited liability company have set their hands and seals this 14th day of August, 2020.

M.O.S., LLC


TAMMY WILLIAMS, Member and Manager


AMANDA WILLIAMS, Member and Manager

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STATE OF FLORIDA
COUNTY OF MADISON

I HEREBY CERTIFY that on this day before me, by means of ☒ physical presence or ☐ online notarization, an officer duly authorized in the State and County named above to take acknowledgments, personally appeared TAMMY WILLIAMS, and AMANDA WILLIAMS, before me known to be the person described as the Managers of M.O.S., LLC, and who executed the foregoing Amended and Restated Articles of Organization, and acknowledged before me that they subscribed to these Amended and Restated Articles of Organization.

WITNESS my hand official seal in the County and State named above this 14th day of August, 2020.

My Commission Expires:


Notary Public



JOYCE A. BROWN
Notary Public, State of Florida
My Comm. Expires Feb. 8, 2022
Commission No. 6G158443

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CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE
FOR THE SERVICE OR PROCESS WITHIN FLORIDA,
NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

In compliance with Chapter 605 and/or Chapter 621, Florida Statutes, the following is submitted:

M.O.S., LLC, with its principal place of business at 312 S. Washington Street, Madison, Florida 32340, names TAMMY WILLIAMS, whose mailing address is 312 S. Washington Street, Madison, Florida 32340, and whose street address is 312 S. Washington Street, Madison, Florida 32340, as its registered agent to accept service of process within Florida, and for such other purposes as required for registered agents.

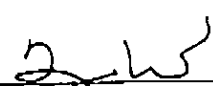
M.O.S., LLC

By: 
TAMMY WILLIAMS, Manager

By: 
AMANDA WILLIAMS, Manager

Dated: August 14, 2020

Having been named to accept service of process for the above named limited liability company, at the place designated in this Certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties. I am familiar with, and accept the obligations of registered agent.


TAMMY WILLIAMS
Registered Agent

Dated: August 14, 2020

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