10700083319

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phon	e #)
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J. HARRIS

COVER LETTER

TO: Registration S Division of Co			
Moses in	evestments, LLC		
	Name of Lin	nited Liability Company	
	f Amendment and fcc(s) are sub ondence concerning this matter	•	
	Patricia Stuart	_	
		Name of Person	
	Odom, Moses & Company	y, LLP	
	······	Firm/Company	
	4641 W US Hwy 90		
		Address	
	Lake City, FL 32055		
	pstuart@odommoses.com	City/State and Zip Code	
	E-mail address:	to be used for future annual report notif	ication)
For further information	concerning this matter, please c	all:	
Patricia Stuart		386 752-4621 x 3	
Name	of Person	Area Code Daytimo	e Telephone Number
Enclosed is a check for t	the following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAII	LING ADDRESS:	STREET/COURI	ER ADDRESS:

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Moses Investments, LLC (Name of the Lim	ited Liability Comp	ny as it now appears on our rec Liability Company)	ords.)	
The Articles of Organization for this Limited I Florida document number 10700083319	Liability Company			
This amendment is submitted to amend the fole A. If amending name, enter the new name of	-	ility company here:		
The new name must be distinguishable and contain the	umrds "Limited Linhi	lity Company " the devicestion "1	1 CT or the obbanistics will CE.	
Enter new principal offices address, if appli		Moses Investments, LLC		
(Principal office address MUST BE A STREET ADDRESS)		537 SE CR 475	(S)	T.
		Branford, FL 32008		•
Enter new mailing address, if applicable:		Moses Investments, LLC		, , ,
(Mailing address MAY BE A POST OFFICE BOX)		537 SE CR 475	ξr N	
		Branford, FL 32008		
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:	l/or registered o office address her Patricia Stuart	ffice address on our reco g:	rds, enter the name of the p	<u>ew</u>
New Registered Office Address:	4641 W US Hv	vy 90		
THE INCHIDITY OF THE PARTY.		Enter Florida street add	Iness	
	Lake City		Florida 32055	
	-	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 Chapping 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>	Address	Type of Action
MGR	Candace Harris	Candace Harris	
		411 SE County Road 475	■ Remove
		Branford, FL 32008	Change
AMBR	Odessa Moses	Odessa Moses	
		537 SE CR 475	C Remove
		Branford, FL 32008	
			D Add
			C Remove
			□ Change
			Add
			П Remove
			Change
			Remove 7 JUL 2
			П сч
			- Crange 20 PH - Cran
			Change

D. If amending any oth	er information, enter change(s) here: (Attach a	dditional sheets, if necessary:)	
			
			
-			
			
		-	
			
			
		- -	
E. Effective date, if oth	er than the date of filing: , the date must be specific and cannot be prior to date of filing	(optional)	404 0707 (2Vb)
Note: If the date inser	tied in this block does not meet the applicable statutory are on the Department of State's records.	filing requirements, this date will not	be listed as the
If the record specifies (b) The 90th day aft	a delayed effective date, but not an effect er the record is filed.	ive time, at 12:01 a.m. on the	earlier of:
Dated July 19	2017		
	in & Tuerson		
	Signature of a member or authorized represen	tative of a member	2617
Lori Eficeso	n / Typed or printed name of sign	nce	
		; 9	JUL 20
	Page 3 of 3 Filing Fee: \$25.00	• • •	PI
	. mug 2°cc. 925.00		4: 02