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SECRETARY OF STATE
ALL AHASSEF, FLORIO,

J. BRYAN

JUL 27 2010

EXAMINER

COVER LETTER

Division of Cor	horanous	•	
SUBJECT: M	oss and Moss	SUC	
	Name of Limit	ed Liability Company	
			مارو ^م نا هس اما
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	SECAR SECAR
Please return all correspo	ondence concerning this matter	to the following:	50 20 1
	Melisa mo	555	PH IZ:
		Name of Person	JANE 8
	Moss, knusk	CLE associates Lu	<u>e</u>
	480 n onl	ando ave Sulezi	
	MA HOL DUNG	City/State and Zip Code	
	E-mail address: (to	nosskrusick.com o be used for future annual report notification	on)
For further information of	concerning this matter, please ca		
Melisa	MUSS	at (407) 644-581	J
Name o	of Person	Area Code & Daytime Te	lepnone Number
Enclosed is a check for the	he 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

TQ:

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

<u>rinoss and moss c</u>	li		
(<u>Name of the Limited Liability Com</u> (A Florida Limite	npany as it now appears ed Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Compa Florida document number	any were filed on <u>JU</u>	y 7,2008 and assigned	
This amendment is submitted to amend the following:	فالفاد أيومواندن	and the second s	
A. If amending name, enter the new name of the limited li	iability company here:		
Moss, Krusick & associates, L	u.		
The new name must be distinguishable and end with the words "Li	imited Liability Company	," the designation "LLC" or the abbreviation	
"L.L.C."			
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		SE S	
	<u>.</u>	28 5	
		ARY SSS	
Enter new mailing address, if applicable:		FO P	
(Mailing address MAY BE A POST OFFICE BOX)		FIS S	
		ORIGINAL STREET	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		records, enter the name of the new	
	-		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter	Florida street address	
<u> </u>		, 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 608, 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

<u>le</u>	<u>Name</u>	Address	Type of Action
			
	· _ · · · · · · · · · · · · · · · · · ·		Add Remove
 .			
			Add Remove
		man(a) home. (Attach additional charte if was eggen.	,
<u>U</u>	ting any other information, enter cha SECH KMSICK 159 Effective July 1,2	% membership interest.	

Page 2 of 2

Filing Fee: \$25.00