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SECRETARY OF STATE TALLAHASSEE. FLORIDA

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T. CLINE

MAR 28 2011

EXAMINER

Moxy Partners A, LLC

March 15, 2011

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

RE: Moxy Partners A, LLC Articles of Amendment

To whom it may concern:

Enclosed please find the original of Articles of Amendment relative to the above matter, along with our check in the amount of Twenty Five Dollars and 00/100's (\$25.00) relative to the filing fee. If the Amendment meets with your approval I ask that you file the amendment at your earliest convenience.

Thank you for your assistance in this matter.

Sincerely,

Jenny L. Colwell

2011 MAR 25 AM 10 35 SECRETARY OF STATE

Encl.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Moxy Par	tners A			
(Name of the Limited Liability Compar (A Florida Limited L	<u>ny as it now appea</u> iability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Company	were filed on	July 8, 2010	and assigned	
Florida document numberL10000072069				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company he	<u>re</u> :		
The new name must be distinguishable and end with the words "Limit"L.L.C."	ted Liability Comp	any," the designation	"LLC" or the abbreviati	
Enter new principal offices address, if applicable:			ZOI SEC	
(Principal office address MUST BE A STREET ADDRESS)	• • • • • • • • • • • • • • • • • • • •		MAR 25 AHASS	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			25 M D 35 NRY OF STATE SSEE, FLORIDA	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		our records, <u>enter</u>	the name of the no	
Name of New Registered Agent:	,			
New Registered Office Address:	En	nter Florida street ad	ldress	
	. Florida			
····	City	, Fiorida	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 Changing Registered Agent, Signature of New Registered Agent

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:

MGR = Manager

MGRM = Managing Member **Title Address Type of Action** <u>Name</u> Robert G Eberhard III MGMR .□ Add 1085 PARTRIDGE CIRCLE Naples, FL 34103 ✓ Remove ☐ Add ☐ Remove ☐ Add Remove □ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated_ Signature of a member or authorized representative of a member Robert R Lucas

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00.