## MO 000112115

(Re	equestor's Name)	
(Ac	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
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Certified Copies	_ Certificates	of Status
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## **COVER LETTER**

	Registration Se Division of Cor			
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SUBJEC	Г:		ited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all correspo	indence concerning this matter	to the following:	
		William H Moya		
		Tampa Invest, LLC	Name of Person	<del></del>
		18665 State Road 54, #249	Firm/Company	
		Lutz, FL 33558	Address	
		willmoya@gmail.com	City/State and Zip Code	
			to be used for future annual report noti-	lication)
For furthe	r information c	oncerning this matter, please ca	all:	
William F	•		813 598-8344 at ()	
	Name o	l'Person	Area Code Daytime	e Telephone Number
Enclosed:	is a check for th	ne following amount:		
<b>■</b> \$25.06	) 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 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**

FILED

Tampa Invest, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 2019 HAY 13 A 1: 88

The Articles of Organization for this Limited L Florida document number $\frac{1.10000112115}{1.10000112115}$	iability Company	were filed on $\frac{10/27}{\text{GEL}}$	2010 April CTATE and assigned ARASSLE (EUMBA	
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new_name o	f the limited liab	ility company here	:	
Moya & Asscoalates, LLC				
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the design	gnation "L.L.C" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		18865 State Road 54		
		# 249		
,		Lutz, FL 33558		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		# 249	54	
		Lutz, FL 33558		
B. If amending the registered agent and registered agent and/or the new registered o	· ·	<u>e</u> :	ur records, <u>enter the name of the new</u>	
New Registered Office Address:	18865 State Road 54, # 249			
New Registered Office Address.	Enter Florida street address			
	Lutz		Florida 33558	
		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 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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	William H. Moya		Add
			□ Remove
		18865 State Road 54, # 249 Lutz FL 33558	☐ Change
AMBR	Katja Moya	18865 State Road 54, #249 Lutz FL 33558	<b>≘</b> Add
			□ Remove
			Change
		Add	
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te: If the date inserted in this betweent's effective date on the D	ock does not i	meet the appli	cable statutory	filing requirem	ents, this date w	ill not be listed a
annem's effective date of the fa	epariment or a	state's record:	S.			
record specifies a delaye	f effective (	date, but n	ot an effect	ive time, at	12:01 a.m. o	n the earlier o
he 90th day after the red				, , _ , , , , , , , , , , , , , , , , ,		
Mana Cala		2010				
ed May 9th		. 2019				
			40-			

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Typed or printed name of signee

Filing Fee: \$25.00