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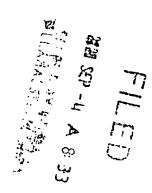
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| PICK-UP WAIT MAIL |
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| Special Instructions to Filing Officer: |
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TO MANY THE STATE OF THE STATE



COT 6 1 730 XUEMEL T To:
Registration Section
Division of Corporations

Hi:

Please see the attached request a Change of Address for my corporation: Moya & Associates, LLC.

Please contact me with any questions.

-William H Moya

Phone 813-598-8344

18304 Roseate Dr, Lutz FL 33558

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

| Division of Cor | rporations | | | |
|--|--|---|---|------------------|
| | Moya & | Associates, LLC | | |
| SUBJECT: | | | | |
| | Name of Lin | nited Liability Company | | |
| | | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | | |
| Please return all correspo | ondence concerning this matter | to the following: | | |
| | William H. Moya | | | |
| | | Name of Person | | |
| | Moya & Associates, LLC | | | |
| | | Firm/Company | | |
| | 18304 Roseate Drive | , , | | |
| | | Address | | ₽.º |
| | Lutz FL 33558 | | 는 (2) 22 명 28 명 | |
| | | City/State and Zip Code | | 1 1 |
| | willmoya@gmail.com | | i i i i i i i i i i i i i i i i i i i | |
| | E-mail address; (| to be used for future annual report notif | neation) | > :: |
| For further information of | concerning this matter, please c | all: | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | όċ 🗸 |
| William H Moya | | 813 598-8344 | • | en Fr |
| | | at () Area Code Daytime | e Telephone Number | _ _ _ |
| Name o | n' Person | Area Code Daytime | : Telephone 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) | Certified C | of Status & |
| <u>Mailing Addres</u> | | Street Address: | | |
| Registration Section | | Registration Sec | | |
| Division of Corporations P.O. Box 6327 | | Division of Corp The Centre of T | • | |
| Tallahassee. | | | ananassee e Street, Suite 810 | 0 |
| | | = 111 111111111111111111111111111111111 | | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Moya & Ass | ociates, LLC | | |
|--|--|--|------------------------------------|
| (Name of the Limi | ted Liability Compa (A Florida Limited) | i <mark>ny as it now appears on our r</mark> Liability Company) | ecords.) |
| The Articles of Organization for this Limited I Florida document number <u>L1000011211</u> | iability Company. 5 | were filed on | and assigned |
| This amendment is submitted to amend the following | lowing: | | |
| A. If amending name, enter the new name o | of the limited liab | ility company here: | |
| The new name must be distinguishable and contain the | words "Limited Liabi | hty 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) | | 18304 Roseate Drive | |
| | | Lutz, FL 33558 | 選 强 |
| | | | -11 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | 18304 Roscate Drive | |
| | | Eutz FL 33558 | |
| | | | oo oo |
| 3. If amending the registered agent and/or . | registered office : | address on our records, e | enter the name of the new revisi |
| gent and/or the new registered office addre | | <u> </u> | THE THE MALE WAS TO SEE |
| | | | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | 18304 Roseate | Drive | |
| | | Enter Florida street c | uldress |
| | Lutz | | 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 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 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 | |
|--------|------------|--------|
| AMRR = | Authorized | Member |

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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| ffective data if other than the day | to of filmer | | (ontional) | |
| ffective date, if other than the dat an effective date is listed, the date must be | specific and cannot be prior to o | fate of filing or more than 9 | (optionar) 0 days after filing.) Pursuant to 6 | 05,0207 (|
| (ote: If the date inserted in this block ocument's effective date on the Depar | | e statutory filing require | ments, this date will not be li | sted as t |
| | | | | |
| record specifies a delayed effective da | ite, but not an effective time | , at 12:01 a.m. on the ea | rlier of: (b) The 90th day af | ter the |
| Lis filed. | | | · | |
| September 1st | 2020 | | | |
| ated | · · | | | |
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Typed or printed name of signee