

U0000125543

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 APR 29 PM 3:34

EFFECTIVE DATE
5/10

MAY 02 2016
S. YOUNG

TO WHOM IT MAY CONCERN,

Hello,

THANK YOU FOR YOUR TIME. THIS

IS JUST A NAME CHANGE FOR AN

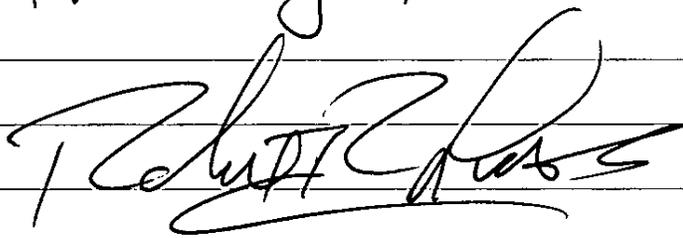
EXISTING LLC — ALL INFORMATION

OTHER THAN THE NAME CHANGE IS

STILL THE SAME AS IN THE

ANNUAL FILING.

THANK YOU,



Robert R. Lucas

239-980-0881

STATE OF FLORIDA
TALLAHASSEE, FLORIDA
APR 26 2016
PH 3:52

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MOXY HOLDINGS, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROBERT R. LUCAS
Name of Person

MOXY HOLDINGS LLC
Firm/Company

332 SHADOW CREEK DRIVE
Address

BRENTWOOD, TN 37027
City/State and Zip Code

BOB@MOXYTRADING.COM
E-mail address: (to be used for future annual report notification)

16 APR 29 PM 3:34
OFFICE OF THE CLERK
TALLAHASSEE, FLORIDA
STATE

For further information concerning this matter, please call:

ROBERT LUCAS at (239) 980-0881
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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
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

MOXY HOLDINGS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 12/7/2010 and assigned Florida document number L10000125543.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

THE STRANGLE GROUP LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

SAME ADDRESS

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

- SAME -

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

- SAME -

New Registered Office Address:

Enter Florida street address

City, Florida

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:

★ ALL IS THE SAME —

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
6 APR 2009 11:31 AM

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

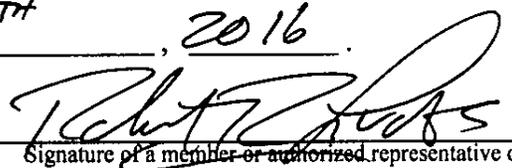
Multiple horizontal lines for amending information.

16 APR 29 PM 3:35
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: MAY 10TH, 2016 (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated APRIL 26TH, 2016.



Signature of a member or authorized representative of a member

ROBERT R. LUCAS, MANGINS Member

Typed or printed name of signee