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08/06/13--01026 -002 **25.08

COVER LETTER

TO:	Registration Section
	Division of Cornerations

SUBJECT: MIS

Mishka Moo 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:

Dave Heine

Name of Person

PCS Holdings, LLC

Firm/Company

924 West Colonial Drive

Address

Orlando, FL 32804

City/State and Zip Code

Dave@closemytimeshare.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dave Heine

at (407) 373-7457

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

Mishka Moo LLC

company has been notified in writing of this change.

(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 Con	npany were filed on C	7/15/2011	<u>∓</u> and 8≲3 ign	ned
Florida document number L11000081501			13 AUG -6	el ari ing
This amendment is submitted to amend the following:			∰	<u> </u>
A. If amending name, enter the new name of the limite	ed liability company b	<u>iere</u> :	H ::3	
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Con	npany," the designation "l	LLC" or the abbi	reviation
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRE	<u> </u>			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or register registered agent and/or the new registered office address		n our records, <u>enter</u>	the name of 1	the new
Name of New Registered Agent:				
New Registered Office Address:		Enter Florida street add	dress	
-,	City	, Florida	Zip Code	
New Registered Agent's Signature, if changing Registered	Agent:			
I hereby accept the appointment as registered agent as	nd garee to get in thi	s canacity. I further as	oree to comply	with

If Changing Registered Agent, Signature of New Registered Agent

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

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGRM	PCS Holdings LLC	924 West Colonial Dr	Add
		Orlando, FL 32804	Remove
			_
			
			Remove
		E C C De De	· Po I Add
		第5 05 05 60 60 60 60 60 60 60 60 60 60 60 60 60	Remove
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			_ Add
			Remove
			
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			Remove
		·····	_
			Add
			Remove

D. If amending any other informa	tion, enter change(s) here: (Attach additional sheets,	, if necessary.)
•		
Dated July 8	2013	
Dave Heine, N		ber
	Typed or printed name of signee Page 3 of 3	2013 AUG
	Filing Fee: \$25.00	- 信知 L 数
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