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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. SAULSBERRY EXAMINER

NOV 1 6 2011

## **COVER LETTER**

TO: Registration S Division of Co					
SUBJECT:M	OIA, LLC Name of Limit	ed Liability Company			
The enclosed Articles of	of Amendment and fee(s) are sub-	mitted for filing.			
Please return all corresp	condence concerning this matter	to the following:	•		
	Mi	A PRUNESTI Name of Person			
		MOIA, LLC Firm/Company			
		4686 Escalante n	la y		
		Onita Springs for 2 City/State and Zip Code	H35	20 TA	
	E-mail address: (to	De used for future annual report notifica	ation)	2011 NOV 14 AM 9: 47 SECRETARY OF STATE TALLAHASSEE, FLORID	Ť
For further information	concerning this matter, please ca	dl:		SSEE SSEE	m
MIA 4	PAUNESI	at 941, 405, 33	170	M 9	Saya S
Name	of Person	Area Code & Daytime	relephone Number	RIDA	
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)	Certified	e of Status &	d)

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

MOIA, LLC			
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	pany as it now appears on o d Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Compare Florida document number \( \bigcup \lambda \lambda \text{OOIIO212} \).	ny were filed on 27S	ptemper 2011 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	ability company here:		
The new name must be distinguishable and end with the words "Lin"L.L.C."	mited Liability Company," tl	ne designation "LLC" or the abbreviation	
		TA'S BE	
Enter new principal offices address, if applicable:		Later and the second se	
(Principal office address MUST BE A STREET ADDRESS)		= = = = = = = = = = = = = = = = = = = =	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		AM 9: 47	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		ecords, <u>enter the name of the new</u>	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
		, 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 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, <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 GARVIN TIMOTHY MGRM ☐ Add Remove ☐ Add Remove ☐ Remove ☐ Add Remove ☐ Add Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated 9 November Signature of a member or authorized representative of a member PRUNES TI Typed or printed name of signee

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Filing Fee: \$25.00.