## L11000142 965

(Re	equestor's Name)	
(Ad	ldress)	
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PICK-UP	☐ WAIT	MAIL
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B. KOHR
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EXAMINER



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## **COVER LETTER**

	Registration S Division of Co				
SUBJEC	ΥТ•	MJ FI	NANCE LLC		
SOBJEC	···		ited Liability Company		
		Amendment and fee(s) are sultoned concerning this matter	-		
			PATRICK MOYAL  Name of Person		<del></del>
		MOVALA		EC INC	•
		MOYAL A	CCOUNTING SERVIC	ES INC	
		10796	S PINES BLVD SUITE	204	
			Address		<del></del>
		PEMBRO	OKE PINES, FLORIDA	33026	<del></del>
		MOYALA	City/State and Zip Code  CCOUNTING@GMAIL  to be used for future annual report	COM	
For furth	er information	E-mail address: (concerning this matter, please concerning this matter)		t notification)	
	PAT	RICK MOYAL	at ( 954 ) Area Code & I	430-393	30
	Name	of Person	Area Code & I	Daytime Telephon	e Number
Enclosed	l is a check for t	the following amount:			
\$25.0	O Filing Fee	▼\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	closed)	50.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Regist Divisi P.O. B	ING ADDRESS: ration Section on of Corporations sox 6327 assee, FL 32314	Registration Division of C Clifton Build 2661 Executi	Corporations ling ive Center Circle	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	. =:\	
(Name of the Limited Light	J FINANCE LLC	on our records
(A Florid	la Limited Liability Company)	on our records.)
(Name of the Limited Liability (A Florid The Articles of Organization for this Limited Liability	Company were filed on DEC	ير CEMBER 21,2011 and assigned بر
Florida document number L11000142965	·	· ·
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and end with the v"L.L.C."	vords "Limited Liability Company	," the designation "LLC" or the abbreviatio
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	<del></del>	
B. If amending the registered agent and/or regregistered agent and/or the new registered office ac		r records, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter	Florida street address
		, Florida
<del></del>	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

<u>itle</u>		aging Member <u>Name</u>	Addre	<u>288</u>	Type of Action
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If amer	nding	any other information	n, enter change(s) here:	(Attach additional sheets, if	necessarv.)
Ν	EW.	ADDRESS FOR J	EAN AND MICHELLE	DETROYAT	, .
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