

L12000049380

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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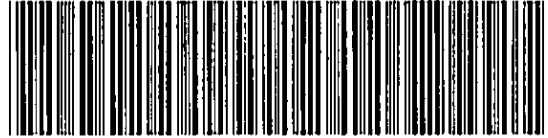
(Business Entity Name)

(Document Number)

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STATEMENT OF STATE
DIVISION OF CORPORATION
CLARKSBURG, FLORIDA

2020 JAN 30 AM 7:35

FILED

FEB 2 8 2020

S. YOUNG

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MOITA 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:

Jeffrey C. Weinstein, Esq.

Name of Person

Mittenthal Weinstein LLP

Firm/Company

3100 S Federal Highway, Suite B

Address

Delray Beach, FL 33483

City/State and Zip Code

weinstein@mw-attorneys.com

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

For further information concerning this matter, please call:

Jeffrey C Weinstein

561 862 0955
at ()

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**

MOITA 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 04/11/2012 and assigned
Florida document number L12000049380

This amendment is submitted to amend the following:

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

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(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:

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 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:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------------------|---|--|
| AMBR | SPARING PARTNERS INC. | 33 SE 4TH STREET | <input type="checkbox"/> Add |
| | | SUITE 100 | <input checked="" type="checkbox"/> Remove |
| | | BOCA RATON, FL 33432 | <input type="checkbox"/> Change |
| MGR | MARCHI, JEAN-FELIX | 150 AVENUE DES CHUTES LAVIE PARC FORER | <input type="checkbox"/> Add |
| | | MARSEILLE 13013 | <input type="checkbox"/> Remove |
| | | FRANCE | <input checked="" type="checkbox"/> Change |
| MGR | MARCHI, SYLVIE | 150 AVENUE DES CHUTES LAVIE PARC FORER | <input type="checkbox"/> Add |
| | | MARSEILLE 13013 | <input type="checkbox"/> Remove |
| | | FRANCE | <input checked="" type="checkbox"/> Change |
| MGR | Sparing Partners 2 Inc. | 33 SE 4th Street | <input checked="" type="checkbox"/> Add |
| | | Suite 100 | <input type="checkbox"/> Remove |
| | | Boca Raton, FL 33432 | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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(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.

Dated 10/1/19,

_____, _____
Signature of a member or authorized Representative

Filing Fee: \$25.00