

L12000106496

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

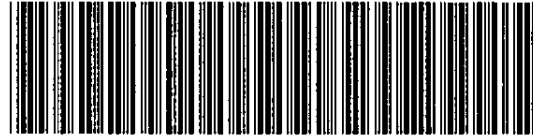
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100242272571

12/03/12--01011--007 \*\*55.00

APPROVED  
AND  
FILED

12 DEC -3 PM 2:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

DEC 04 2012

EXAMINER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Moore'sLights, 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:

Lynn Perez

Name of Person

Gray Robinson, P.A.

Firm/Company

401 E. Jackson Street, Suite 2700

Address

Tampa, Florida 33602

City/State and Zip Code

Brent.Britton@Gray-Robinson.com

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

For further information concerning this matter, please call:

Lynn Perez

Name of Person

at ( 813 ) 273-5197

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

\$30.00 Filing Fee &  
Certificate of Status

X\$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

12 DEC -3 PM 2:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Moore'sLights, 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 August 20, 2012 and assigned  
Florida document number L12000106496.

This amendment is submitted to amend the following:

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

Moore'sCloud, LLC

The new name must be distinguishable and end with 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)**

401 E. Jackson St., Ste. 2700

Tampa, Florida 33602

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

401 E. Jackson St., Ste. 2700

Tampa, Florida 33602

12 DEC -3 PM 2:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

**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:

401 E. Jackson St., Ste. 2700

*Enter Florida street address*

Tampa

*City*

, Florida

33602

*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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

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

12 DEC -3 PM 2:53  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

APPROVED  
 AND  
 FILED

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

---

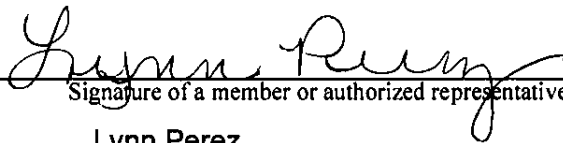
---

---

---

---

Dated November 29, 2012.



Signature of a member or authorized representative of a member

Lynn Perez

Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**

APPROVED  
AND  
FILED

12 DEC -3 PM 2:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA