L12000142552

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B. BOTTICK
JUN 19 2014
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Moussy Holdings Ilc

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:

Laurent Colin

Name of Person

moussy holdings llc

Firm/Company

3030 NE 188 street #704

Address

aventura FL 33180

City/State and Zip Code

lcolin612@gmail.com

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

For further information concerning this matter, please call:

Laurent COLIN

786, 571, 2820

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**

Moussy holdings llc	
(<u>Name of the Limited Liabi</u> (A Floric	lity Company as it now appears on our records.) la Limited Liability Company)
The Articles of Organization for this Limited Liability of Florida document number L12000142552	Company were filed on november 13, 2012 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	nited liability company here:
The new name must be distinguishable and end with the words "L	imited 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 ADD	RESS)
	; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;
Enter new mailing address, if applicable:	اد الا الله الله الله الله الله الله الل
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or regi registered agent and/or the new registered office add	stered office address on our records, <u>enter the name of the new</u> dress 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 Register	ed 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

<u>Title</u>	<u>Name</u>	Address	Type of Action
mgrm	joe Habbouba	3030 NE 188 street	
		suite 704	■ Remove
		aventura FL 33180	
			🗆 Add
			☐ Remove
			Add
			Remove
			□ Add
			□ Remove
			Add
			□ Add
			Remove

	f amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
Γ)	Effective date, if other than the date of filing:
(1	The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
(1	The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)
(1	The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State) Dated 06/02/2014

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Filing Fee: \$25.00