L13000165266

| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| | | |
| (Ad | ldress) | |
| | | |
| (Ad | Idress) | |
| , | • | |
| | 101 1 77 101 | /0 |
| (Cit | ty/State/Zip/Phone | : #) |
| | | □ |
| L PICK-UP | WAIT | MAIL |
| | | |
| (Bu | siness Entity Nam | ne) |
| | | |
| | ocument Number) | |
| (DC | cument Number) | |
| | | |
| Certified Copies | _ Certificates | of Status |
| | | |
| G | | |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
|] | | |
| | | |
| ļ | | |
| | | |
| · · · · · · | | |

Office Use Only



600280865226

600280865226 01/19/16--01025--015 **25.00

2016 JAN 19 PH 4: 2
SECRETARY OF STATE
ALLAHASSEE, FLORID

K. SALY EXAMINER

JAN 21

COVER LETTER

| Divi | sion of Corpor | rations | | |
|---------------------|------------------|---|---|--|
| SUBJECT: | CHRIS MOO | RE ENTERPRISES LLC | | |
| | | | ted Liability Company | |
| | | | | |
| The enclosed | Articles of Am | endment and fee(s) are subn | nitted for filing. | |
| Please return | all corresponde | ence concerning this matter t | o the following: | |
| r rease return | an corresponde | thee concerning this matter t | o the following. | |
| | | Ryan King, Esq. | | |
| | | | Name of Person | |
| | | Patriot Law, LLC | | |
| | | | Firm/Company | |
| | | 2631-A NW 41st Street | | |
| | | | Address | |
| | | Gainesville, FL 32606 | | |
| | | | City/State and Zip Code | |
| | _ | rking@aba-advisors.com | | |
| | | E-mail address: (to | be used for future annual report notifica | tion) |
| For further in | formation conc | erning this matter, please cal | II: | |
| Ryan King | | | 352 219 - 5351 at () | |
| | Name of Pe | rson | at () | elephone Number |
| | | | | |
| Enclosed is a | check for the fo | ollowing amount: | | |
| ■ \$25.00 Fi | ling 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:

TO:

Registration Section

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

| 2016 Jan 516 ED |
|---|
| 2016 JAN 19 PM 4:21 CALLAGRAGE FLORIDA |
| OSEE, FLORIDA |

CHRIS MOORE ENTERPRISES LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned Florida document number L13000165266 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A 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: Ryan King, Esq. Name of New Registered Agent: 2631-A NW 41st Street New Registered Office Address: Enter Florida street address

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.

City

Gainesville

f 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 = MAMBR = | | |
| <u>Title</u> | <u>Name</u> | Address SLLAK MARY on Type of Action |
| | | ————————————————————————————————————— |
| | | Remove |
| | | Change |
| | | |
| | | Remove |
| | | Change |
| | | Add |
| | | Remove |
| | · | Change |
| | | Add |
| | • | Remove |
| | | Change |
| | | |
| | | Remove |
| | | Change |
| | | Add |
| | | |
| | | T Character |

| · | FILE |
|---|---|
| | 2016 JAN 19 PM 4: 2 |
| | 2016 JAW 19 DU |
| | TALLAHASSER STAIL |
| | AHASSEE STAIL |
| | , LORIN, |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | NIA Total of Filing |
| fective date, if other than the | date of filing: N/A - Date of filing (optional) |
| in effective date is listed, the date must oto: If the date inserted in this blo | at be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 ock does not meet the applicable statutory filing requirements, this date will not be listed to |
| ocument's effective date on the De | epartment of State's records. |
| | |
| record specifies a delayed | d effective date, but not an effective time, at 12:01 a.m. on the earlier |
| The 90th day after the reco | ord is filed. |
| | 2014 |
| January 15 | 2016 |
| | Cum |
| | (Man- |
| | |
| | Signature of a member or authorized representative of a member |
| | |

Page 3 of 3

Filing Fee: \$25.00