

L13000145266

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

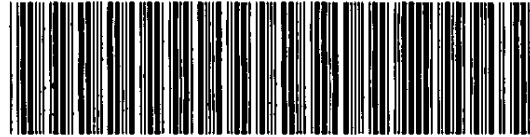
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 03 2016

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Chris Moore Enterprises, 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:

Chris Moore

Name of Person

Firm/Company

2632 Country Side Dr.

Address

Fleming Island, FL 32003

City/State and Zip Code

drchrismoore@gmail.com

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

For further information concerning this matter, please call:

Chris Moore

904 735-0227

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**

Chris Moore Enterprises, 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 11/26/2013 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:

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

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TALLAHASSEE, FLORIDA

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	Christopher Moore	2632 Country Side Dr.	<input type="checkbox"/> Add
		Fleming Island, FL 32003	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Green Creek Asset Management, LLC	1231 W. Northern Lights Blvd. #911	<input checked="" type="checkbox"/> Add
		Anchorage, AK 99503	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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 ANNAPOLIS, FLORIDA

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

Add as Article V: Distribution Authority: The members may in their discretion distribute the

profits and/or capital of the LLC business pro-rata or non-pro-rata as they deem advisable.

If the members make non-pro-rata distributions, those shall be taken into account in

re-calculating each member's capital account (and/or drawing account) at the end of the LLC's

fiscal year.

E. Effective date, if other than the date of filing: _____ **(optional)**

(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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated

April 28, 2016



Signature of a member or authorized representative of a member

Christopher Moore, Member of Green Creek Asset Management, LLC

Typed or printed name of signee

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2016 MAY - 2 P 5:07
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA