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## **COVER LETTER**

TO:	Registration Se Division of Cor			
CT TE	CHRIS MC			
20 R1	ECT:	Name of Limi	ted Liability Company	
The e	nclosed Articles of .	Amendment and fee(s) are subt	mitted for filing.	
Please	e return all correspo	ndence concerning this matter t	to the following:	
		Christopher Moore		
			Name of Person	
			Firm Company	<del></del>
		2632 COUNTRY SIDE DE	₹.	
		FLEMING ISLAND, FL 3	Address 2003	
		drchrismoore@gmail.com	City/State and Zip Code	
		E-mail address: (t	o be used for future annual report notif	ication)
For fi	irther information co	oncerning this matter, please ca	II:	
Kaela	Andersen		8(K) 375-2453 at ()	
	Name o	Person	Area Code Daytime	: Telephone Number
Enclo	sed is a check for th	e following amount:		
<b>≘</b> S:	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:

TO:

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  $\frac{11/26/2013}{2}$ \_\_\_\_ 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: Point76 Consulting, LLC 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 theaname 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

## 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

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>	Address	Type of Action
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			☐ Change
			∩ Add
		<del></del>	☐ Remove
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The 90	Oth day after th	e record is filed.			ot 12:01 a.m. on the	earlier of
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Typed or printed name of signee

Filing Fee: \$25.00