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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Mooty Woody LC 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:
Kimberly Mooty Name of Person
Mosty? Mooty LLC Firm/Company
2261 Town Center Ame # 139 Address
Viera FL 32940 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (321) 426 000 8 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, 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**

(Name of the Limited Ligh (A Flor	bility Company as it now ap ida Limited Liability Compa	ppears on our records.)		_		
The Articles of Organization for this Limited Liability		Apr. 11, 5	2016 ar	nd assig	gned	
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the li	mited liability compan	<u>y here</u> :				
Sullivan & Mo	imited Liability Company,"	the designation "LLC" or	the abbreviati	on "L.L	.C."	
Enter new principal offices address, if applicable:						
Principal office address MUST BE A STREET ADI	<u></u>		SECRETA	16 AUG	¥ ;	;
Enter new mailing address, if applicable:			\$ 35. \$ 35.		, ,	
(Mailing address MAY BE A POST OFFICE BOX)			- <u>- 100</u> - <u>- 100</u> 		111	
B. If amending the registered agent and/or registered agent and/or the new registered office ac		s on our records, <u>er</u>	1.5		f the n	<u>ew</u>
Name of New Registered Agent:						
New Registered Office Address:	Fnter	r Florida street address				
	Line					
	City	, Florid		Code		
New Registered Agent's Signature, if changing Registe	red Agent:					

7

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 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> Name 1 **Address Type of Action** 897 Belmont PL Michael Sullivar Rockladge Fr 32955 - Remove Change 897 Belmont PL BRADD
ROCKLEdge Fr 32955 Remove AMBR Bonna Sullivan ☐ Change □ Add ☐ Remove _□ Change ☐ Add ☐ Remove ☐ Change Remeve Change □ Add ☐ Remove ☐ Change

ः दशी	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
1,	1,
fan e <u>Note:</u> docui	tive date, if other than the date of filing:
ı h	e 90th day after the record is filed.
Dated	Ignature of a member or anthorized representative of a member
Dated	Signature of a member or anthorized representative of a member
Dated	Sgnature of a member or anthorized representative of a member

Filing Fee: \$25.00