

#L14000012085

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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2014 MAR 31 PM 4:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
APR - 2 2014

ATTORNEYS CORPORATION SERVICE, INC.  
5668 EAST 61<sup>ST</sup> STREET  
COMMERCE, CA 90040  
TEL: (800) 462-5487 ext.133 FAX: (800) 388-0330  
EMAIL: ttran@attorneyscorpsservice.com

DOCUMENT FILING REQUEST LETTER

**REGULAR / EXPEDITE FILING SERVICE**

DATE: 3/26/2014

FROM: TENG TRAN

Client Matter: # 4686965

TO: DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
CLIFTON BUILDING  
2661 EXECUTIVE CENTER CIRCLE  
TALLAHASSEE, FL 32301

ATTN: DOCUMENT FILING DIVISION

RE: **MOOSEPOINT LLC**

Enclosed is one of the following: **(1) Articles of Amendment**

Return request with filing: **(1) Plain Copy**

Return request via following: **(X) Priority Mail/Email**

Total Page(s) attached including transmittal page: ( )

**\*\*Fax/Email a copy of the filed documents upon acceptance of filing\*\***

**\*\*PLEASE RETURN FILED DOCUMENTS ATTACHED WITH AN INVOICE TO:  
ATTORNEYS CORPORATION SERVICE, INC.\*\*  
5668 E. 61<sup>ST</sup> STREET  
COMMERCE, CA 90040**

**\*\*PLEASE CONFIRM UPON RECEIVED DOCUMENTS\*\***

NOTE(S):

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MOOSEPOINT 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:

Teng Tran

Name of Person

Rocket Lawyer

Firm/Company

5668 E 61st St

Address

Commerce CA 90040

City/State and Zip Code

LWINDYMORN@MSN.COM

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

For further information concerning this matter, please call:

Teng Tran

Name of Person

at (

800

)

Area Code

462-5487 x133

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**

**MOOSEPOINT LLC**

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

**FILED**  
2014 MAR 31 PM 4:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 1/22/2014 and assigned  
Florida document number L14000012085.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

4270 Albritton Road

**(Principal office address MUST BE A STREET ADDRESS)**

Saint Cloud, FL 34772

Enter new mailing address, if applicable:

4270 Albritton Road

**(Mailing address MAY BE A POST OFFICE BOX)**

Saint Cloud, FL 34772

**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*

*City*

*, Florida*

*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**

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

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	

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

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 March 26th, 2014.

*Lee Fernald*

\_\_\_\_\_  
Signature of a member or authorized representative of a member

Lee Fernald

\_\_\_\_\_  
Typed or printed name of signee