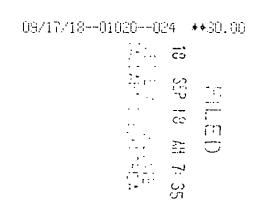
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## **COVER LETTER**

Division of Co	rporations		
CUD IPOT.	Mosley LaPete, Lt	.c	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Marsh	na Mosley LaPete	
	Mosl	Name of Person ev LaPete, LLC	
		Firm/Company	
	1400 Village Square Blvd.,	Suite 3-178	
	Tallahassee, FL , 32312	Address	<del></del>
	marsha@mosleylapete.com		
For further information	e-mail address: ( concerning this matter, please ca	to be used for future annual report notifi all:	cation)
Thomas C Yeates		610 585-2000	
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	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)
	JNG ADDRESS:	STREET/COURIE Registration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

**Registration Section** 

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Mosley LaPete, LLC			
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appea Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Company	were filed on	February 7, 2014	and assigned
Florida document number 14000021597			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company h	<u>ere</u> :	
LaPete Yeates, LLC			
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the o	lesignation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)		:	क
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		· · ·	[
Enter new mailing address, if applicable:			० हा
			£35
Mailing address MAY BE A POST OFFICE BOX)			-
		<u>`</u>	<u>π ω</u>
. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here.  Name of New Registered Agent:		our records, <u>enter</u>	<del>-</del>
New Registered Office Address:	Enter Flo	rida street address	<del>.</del>
	 Citv	Florida	Zip Code

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>	<u>Name</u>	Address	Type of Action
AMBR	Thomas C Yeates	116 Mansion Drive, Media PA 19063	
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If the record specifies a delay	ust be specific and block does not n	d cannot be pr neet the app	rior to date of olicable stati	filing or more th	ian 90 days af	ler filing.) Pursu	
(b) The 90th day after the re			not an eff	fective time	, at 12:01	a.m. on th	ie earlier o
Dated September 6	•	, 2018	·				
	4	Mauha	1.0.15				
		member or an	uthorized rep	resentative of a	member		<del></del>

Page 3 of 3

Filing Fee: \$25.00