

L1400004215

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

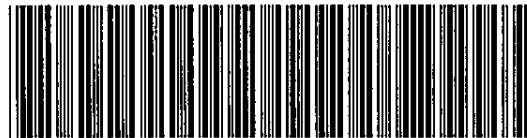
(Business Entity Name)

(Document Number)

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R. WHITE

15 MAR -5 PM 2:01
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Moonshine Wood and Steel 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:

JESSE LAPREES
Name of Person

MOONSHINE WOOD AND STEEL LLC
Firm/Company

5895 CAPO ISLAND ROAD LOT L
Address

SAINT AUGUSTINE, FL 32095
City/State and Zip Code

MOONSHINEWOODANDSTEEL@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JESSE LAPREES at (904) 671 4336
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

TO
ARTICLES OF ORGANIZATION
OF

FILED

Moonshine Wood and Steel

65 MAR -5 PM 2:01

(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 3-13-2014 and assigned
Florida document number L14000042158.

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:

(Principal office address MUST BE A STREET ADDRESS)

5895 CAPO ISLAND ROAD
LOT L SAINT AUGUSTINE,
FL 32095

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

↑ SAME

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:

JESSE LAPREES

New Registered Office Address:

5895 CAPO ISLAND ROAD LOT L

Enter Florida street address

SAINT AUGUSTINE

City

Florida

32095

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.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

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>
MGRM	David Hightower	29 Atlantic Ave.	<input type="checkbox"/> Add
		St. Augustine FL.	<input checked="" type="checkbox"/> Remove
		32084	
MGRM	JESSE LAPREES	5895 CAPO ISLAND	<input checked="" type="checkbox"/> Add
		ROAD LOT L ST. AUGUSTINE,	<input type="checkbox"/> Remove
		FL 32085	
AMBR	DAVID WOODSIDE	952 Oak Arbor Circle	<input checked="" type="checkbox"/> Add
		St. Augustine FL. 32084	<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

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 2, 2015.



Signature of a member or authorized representative of a member

JESSE LAPREES

Typed or printed name of signee