

L14000066226

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

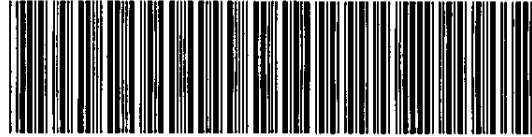
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Buroh DEC 12 2014

PLANLAND, LLC
216 COOPER ROAD
WEST BERLIN, NEW JERSEY 08091
(856) 768-3800

e-mail: jbernardino.planlandllc@gmail.com

November 4, 2014

Registration Section
Division of Corporations
PO Box 6237
Tallahassee, FL 32314


RE: Articles of Amendment – Florida Limited Liability Companies

To Whom It May Concern:

Enclosed herewith please find fifteen (15) Articles of Amendment for different Florida Limited Liability Companies along with a check for the filing fees for all fifteen entities. Please record the Amendments.

Thank you for your attention with respect to this matter. If there are any questions, please feel free to call.

Very truly yours,


Joseph Bernardino for
Iva Samost

JVB/dm
Encl.

COVER LETTER

**TO: Registration Section
Division of Corporations**

MOORLAND ASSOCIATES, LLC

SUBJECT: _____
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:

Iva Samost

Name of Person

MOORLAND ASSOCIATES, LLC

Firm/Company

PO Box 368

Address

West Berlin, NJ 08091

City/State and Zip Code

samprop@verizon.net

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

For further information concerning this matter, please call:

Joseph Bernardino

856 768-3800

at (_____) _____

Name of Person

Area Code

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

**TO
ARTICLES OF ORGANIZATION
OF**

MOORLAND ASSOCIATES, 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 4/23/2014 and assigned
Florida document number L14000066226.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE, FLORIDA

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:

IVA SAMOST

New Registered Office Address:

14311 NIEVES CIRCLE

Enter Florida street address

WINTER GARDEN

Florida

34787

City

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.

Iva Samost
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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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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 11/4, 2014.



Signature of a member or authorized representative of a member

Iva Samost



Typed or printed name of signee

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TALLAHASSEE, FLORIDA