L14000068339

(Re	equestor's Name)	
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T. BROWN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

Moda, 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:

Giancarlo Vincenzo Cangelosi
Name of Person
Moda, LLC
Firm/Company
815 West Madison Street
Address
Tallahassee, FL 32304
City/State and Zip Code
gcangelosi@luxgrouponline.com

For further information concerning this matter, please call:

Giancarlo Vincenzo Cangelosi at	,954	328-8250
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Name of Person

Area Code

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

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

Moda, LLC	Liability Compar A Florida Limited L	ny as it now appears on our records.)
The Articles of Organization for this Limited Lia Florida document number L1400068339		- 1
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of	the limited liabi	ility company here:
The new name must be distinguishable and end with the w	ords "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	815 West Madison Street
(Principal office address MUST BE A STREET		Suite # B120
		Tallahassee, FL 32304
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	eov.	815 West Madison Street Suite # B120
(Matting dualess MAT BE A FOST OFFICE B	<u>1021/</u>	Tallahassee, FL 32304
B. If amending the registered agent and/oregistered agent and/or the new registered off Name of New Registered Agent: New Registered Office Address:	Giancarlo	Vincenzo Cangelosi Madison Street Suite # B120 Enter Florida street address
	lalianasse	City Florida 32304
		5.1.y 5000

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 and test. I hereby confirm that the limited liability company has been notified in writing of this change.

f Changing Registered Agedt, Signature of New Registered Age

Page 1 of 3

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 **Type of Action** <u>Title</u> **Address** <u>Name</u> 300 South Duval Street ■ Add MGR Giancarlo Vincenzo Cangelosi Unit # 2209 Tallahassee, FL 32301 1262 NW 141 Ave Karen Cangelosi MGR Pembroke Pines, FL 33028 Remove □ Add ☐ Remove □ Remove ■ Remove ☐ Add ☐ Remove

. Hamer	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
(The effec	ve date, if other than the date of filing: tive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after this document is filed by the Florida Department of State)
Dated_	8/11/2014
	Signature of a member wanthorized representative of a member
	Giancarlo Vincenzo Cangelosi
	Typed or printed name of signee

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Filing Fee: \$25.00