## L14000011263

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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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FILED

\*\*FORETARY OF STATE
SECRETARY OF STATE
ANIASSEE, FLORIDA

D. SCOTT DEC 7 2016

## COVER LETTER

TO:	Registration Section Division of Corpo	rations	w · · · · · · · · · · · · · · · · · · ·	· .
SUBJE	ст:	MENT SOAR Name of Limi	TSWORE LLC ted Liability Company	
The end	losed Articles of Ar	mendment and fee(s) are subr	nitted for filing.	
Please r	eturn all correspond	lence concerning this matter t	to the following:	
		Jorry	MG H & R SUL	<del> </del>
		Mome	Name of Person  Name of Person  Firm/Company	
		2111	BORONIMO TRAIL Address	<del></del>
		M <sub>A</sub> ;	City/State and Zip Code  Momont's parts coo o be used for future annual report notifica	
		E-mail address: (t	Momont Sparts co	mation)
For furt	her information con	cerning this matter, please ca		
——/	MARK WI Name of P		at (318) 453.  Area Code Daytime T	elephone Number
	ed is a check for the 5.00 Filing Fee	□ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	□ \$60.00 Filing Fee, ○ □
ل∠2وب سعب	,,oo i milg rec	Certificate of Status	Certified Copy (additional copy is enclosed)	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

MOMENT 5	DOESHARE LLC	
( <u>Name of the Limited</u> ) (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab	ility Company were filed on	and assigned
Florida document number 214000077		<del>-</del>
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" or the al	bbreviation "L.L.C."
Enter new principal offices address, if applicabl	le:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BO	2X)	
B. If amending the registered agent and/or registered agent and/or the new registered offic	registered office address on our records, <u>enter</u> e address here:	the name of the new
		ECOR DE T
Name of New Registered Agent:		
New Registered Office Address:		器 · m
	Enter Florida street address	THE P
	, Florida	<u> </u>
	City	Zip Ender:

## 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 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 **Title Name** <u>Address</u> **Type of Action** CHAVEZ, HORNAN E MER □ Add ☐ Change □ Add ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove □ Change

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Effective date, if ot fan effective date is list Note: If the date insolocument's effective	ted, the date must erted in this blo	be specific and ck does not a	d cannot be price of the cannot be priced the cannot be carried and the cannot be carried and the cannot be carried and the ca	icable statutory			) Pursuant to 605.0	207
ne record specific The 90th day a				ot an effect	ive time, at	12:01 a.m.	on the earlier	of
Dated /2/	1		, 201	<u>.</u>				
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	Jolly	PIU	7 are					
	Jolly	Signature of a	member or aut	horized represer	ntative of a mem	per		

Page 3 of 3

Filing Fee: \$25.00