(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

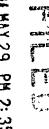
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JUN 0 5 2014 J. BRUCE

COVER LETTER

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TO:	Registration Sec Division of Corp				
SUBJ	ест:/	loseley Enterpo	ses LC ited Liability Company		
The e	nclosed Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please	e return all correspon	dence concerning this matter	to the following:		
			Kevin Moseles Name of Person		
		Mosela	Enterprises LLC Firm/Company		
			3074 Huron Au	·e	
		•	City/State and Zip Code		
		E-mail address: (i	ose les e mosela enta onics to be used for future amual report notif	lication)	
For fu	rther information co	ncerning this matter, please ca	ail:	201	
	Name of	Mose ley Person		2-1331 HAY 29	Endergrad
Enclos	sed is a check for the	following amount:		PH 2	
\$ 2 \$2	25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)	المحتوب المحتوب

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

(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)		
The Articles of Organization for this Limited Liab Florida document number	ility Company were filed on May 15, 2014	and a	ssigned
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of the	ne limited liability company here:		
The new name must be distinguishable and end with the wor	rds "Limited Liability Company," the designation "LLC" or the	abbreviation	"L.L.C."
Enter new principal offices address, if applicable	le:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>		
registered agent and/or the new registered offic	registered office address on our records, <u>enter</u> <u>e address here</u> :		e of the new
Name of New Registered Agent:		9240 80 50	9
New Registered Office Address:			
	Enter Florida street address . Florida		· · · · · · · · · · · · · · · · · · ·
-	City	Zip Code	Ċ)

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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Kevin Moseley	3074 Huron Ave	J5 PAdd
		3074 Huron Ave Odsmar, Fl 34677	□ Remove
			Add
			□ Remove
			□ Add
			□ Remove
			Remeye HAY 29
			4Y 29
			HAY 29 PH 2: Add 2: Add Render
			Remove
			□ Add

tive date, if other than t	the date of filing: cannot be prior to date of receipt or filed date and cannot be prior to date of state)	(optional) ot be more than 90 days after
te this document is filed by the	Mela Hol	

Page 3 of 3

Filing Fee: \$25.00

