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(Business Entity Name)

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JUN 05 2014

J. BRUCE

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Moseley Enterprises 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:

Kevin Moseley  
Name of Person

Moseley Enterprises LLC  
Firm/Company

3074 Huron Ave  
Address

Oldsmar, FL 34677  
City/State and Zip Code

Kevinmoseley@moseleyenterprisesllc.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kevin Moseley at (727) 642-1331  
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

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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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Kevin Moseley	3074 Huron Ave	<input checked="" type="checkbox"/> Add
		Oldsmar, FL 34677	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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JANUARY 19 1914

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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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 May 26, 2014.

Michele Moselen

Signature of a member or authorized representative of a member

Michele Moselen

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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MAY 29 2014

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