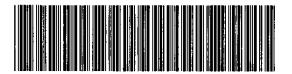
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PICK-UP	WAIT	MAIL
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COVER LETTER

TO:	Registration Se Division of Cor		λ	
SUBJE	MOIR, LI	_C		
SUBJE		Name of Limi	ted Liability Company	
		Amendment and fee(s) are subr	•	
		Joshua O. Dorcey		
			Name of Person	· ·······
		The Dorcey Law Firm	n, PLC	
,			Firm/Company	
		10181 Six Mile Cypre	ess Pkwy, Ste. C	
			Address	*****
		Fort Myers, FL 33966	6	
		josh@dorceylaw.com	City/State and Zip Code	 _
		E-mail address: (to	o be used for future annual report notifica	ation)
For furt	her information co	oncerning this matter, please ca	ll:	
Josh I	Dorcey or Mik	e Scott	239 418-0169	
-	Name of	Person	Area Code Daytime T	Celephone Number
Enclose	ed is a check for th	e 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

MOIR, LLC	
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L14000122460	were filed on 08/05/2014 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and end with the words "Limited Lial	bility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	9928 Casabella Way
(Principal office address MUST BE A STREET ADDRESS)	Bonita Springs, FL 34135
Enter new mailing address, if applicable:	9928 Casabella Way
(Mailing address MAY BE A POST OFFICE BOX)	Bonita Springs, FL 34135
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:	
	, Florida
	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.

If Changing Registered Agent, Signature of New Registered Agent

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> **Address** Type of Action **MGR** Hylife Management, LLC 9928 Casabella Way □ Add Bonita Springs, FL 34135 ☐ Remove Change Address _ Add ☐ Remove □ Remove ☐ Remove □ Add ☐ Remove

If amend	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
Effective (The effecti the date th	date, if other than the date of filing: (optional) ve date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after is document is filed by the Florida Department of State)
Dated	4-9-15
	Marily R. Hodge Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member Marilyn R - Hodess Typed or printed name of signee
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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