L14000 184222

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phor	ne #)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Na	me)
(Do	ocument Number)
Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	





500271091695

03/30/15--01003--003 **30.00

1. STAVETS APR 1 7 2015

CLYSSASSE FLORIDA

Divi	ision of Corp	orations		
SUBJECT:	MOSHGU	Y TECH LLC		
SUBJECT.		Name of Limi	ited Liability Company	
The enclosed	Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return	all correspond	dence concerning this matter	to the following:	
		JEREMY WEBB		
			Name of Person	
		MOSHGUY TECH L	LC	
			Firm/Company	
		5505 E ARTHUR ST	7	
			Address	
		INVERNESS, FL 34	452	
		MOOLIGUIYAAMA	City/State and Zip Code	
		MOSHGUY@GMAIL	.COM to be used for future annual report notifice	stion)
For further in	formation cor	cerning this matter, please ca	•	· · •
JEREMY	WEBB		850 374-2417	
	Name of I	Person	Area Code Daytime T	elephone Number
Enclosed is a	check for the	following amount:		
□ \$25.00 F	iling 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 Taliahassee, FL 32314

TO:

Registration Section

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

MOSHGUY TECH LLC		
(Name of the Limited)	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liabi Florida document number <u>L14000184222</u>	ility Company were filed on 12/02/2014	and assigned
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 end with the work	ds "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, <u>enter</u> e address here:	the name of the new
Name of New Registered Agent:		
New Registered Office Address:		3C 3C
	Enter Florida street address , Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Regi	istered Agent:	<i>ି</i> ପ୍ରାନ୍ଧି କ
provisions of all statutes relative to the proper a accept the obligations of my position as register	gent and agree to act in this capacity. I further a and complete performance of my duties, and I am red agent as provided for in Chapter 605, F.S. Or istered office address, I hereby confirm that the li ange.	familiar with and , if this document is

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
AMBR	ELIZABETH SCOTT	16411 SE 88TH CT	1 Add
		SUMMERFIELD, FL 34491	□ Remove
			☐ Remove
-			
			Remove
			<u> </u>
<u> </u>			Add 15 Remove 17 Remove
			AR 30 J
			Vedi
			S S Remove
		-	
		.	□ Remove

D.	If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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 MARCH 16 , 2015
	Rame D Wall
	Signature of a member or authorized representative of a member JEREMY D WEBB
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

15 MAR 30 AM 7: 55