# 1150000 52761

(Re	questor's Name)	
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(Cit	ry/State/Zip/Phone	<b>⇒</b> #)
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### **COVER LETTER**

TO:	Registration Se Division of Cor			
CIID II		LLC #L15000052761		
SUBJE		Name of Lim	ited Liability Company	•
The en	closed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Robert T Huff		
			Name of Person	
			Firm/Company	<del></del>
		5768 SW 40th Place		
			Address	
		Ocala, FL 34474		
			City/State and Zip Code	
		RobertHuff@embarqmail.c		
		E-mail address: (	to be used for future annual report notifica	ation)
For fur	ther information co	oncerning this matter, please ca	all:	
Robert	T Huff		352 620-5887	em energy energy
	Name of	f Person	Area Code Daytime T	'elephone Number
Enclose	ed is a check for th	ne following amount:		
□ <b>\$</b> 2:	5.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Stafus & 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

Mojo Huffy LLC		
( <u>Name of the Limited Liability Co</u> (A Florida Lim	mpany as it now appears on our records. ited Liability Company)	)
he Articles of Organization for this Limited Liability Complorida document number L15000052761		and assigned
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	liability company here:	
ne new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	<u> </u>	
Inter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u> )		
3. If amending the registered agent and/or registere egistered agent and/or the new registered office address		<u>r-</u> 4
Name of New Registered Agent:		
New Registered Office Address:		16
	Enter Florida street address , Flor	
<del></del>	City	ida Zip Code
lew Registered Agent's Signature, if changing Registered Ag	ent:	~ ~

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Christopher K Welch	300 SE 1st Ave, Ocala, FL 34471	<b>=</b> Add
			□ Remove
		····	Change
MGR	Christopher D Bauer	7654 NW 21st St, Ocala, FL 34482	<b>₽</b> Add
			Remove
			☐ Change
		***************************************	Remove
			☐ Change
	<del></del>		Add  Remove
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			Remove
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			D Add
			☐ Remove
			□ Change

ffective date, if other than the date of filing:  August 1st, 2016  (optional)  an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing) Pursuant to 605.02  fote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a  focument's effective date on the Department of State's records.  The 90th day after the record is filed.					RAL Ithorized repr				
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Typed or printed name of signee

Filing Fee: \$25.00