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	ision of Cor				
SUBJECT:	Engulfed Ap	pparel LLC			
SOBILCT.		<u> </u>			
		Amendment and fee(s) are sub	<u>-</u>		
Please return	all correspo	ndence concerning this matter	to the following:		
		Daniel Moore			
			Name of Person		
			Firm/Company		
		808 South 8th Ave			
		Wauchula, FL 33873	Address		
		dmoore54@gmail.com	City/State and Zip Code		<u>.</u> .
		E-mail address: (to be used for future annual report notific	cation)	
For further in	nformation co	oncerning this matter, please ca	all;		3 %
Daniel Moor	ге		863 781-1565		-4 ×2
	Name of	Person		Telephone Number	AMID: 01
Enclosed is a	a check for th	e following amount:			
\$25,00 F	filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fe Certificate of Se Certified Copy (additional copy is	tatus &

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

Engulfed Apparel LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

\	(A Florida Limited I	Liability Company)	
The Articles of Organization for this Limited I Florida document number L15000074004	Liability Company	were filed on 04/27/2015	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of Moore's Ventures LLC	of the limited liab	ility company here:	
The new name must be distinguishable and contain the	words "Limited Liabil	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A	
(Principal office address MUST BE A STRE.	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE		N/A	
B. If amending the registered agent and registered agent and/or the new registered of			ords, enter the name of the nev
Name of New Registered Agent:	N/A		
New Registered Office Address:	NA		
		Enter Florida street a	ddress
			, Florida
No. Decisional Association of the contract	Danistana di Assarta	City	Zip Code
New Registered Agent's Signature, if changing I hereby accept the appointment as register provisions of all statutes relative to the proj accept the obligations of my position as reg being filed to merely reflect a change in the company has been notified in writing of this	ed agent and agro per and complete sistered agent as p registered office	performance of my dutie provided for in Chapter 6	s, and I am familiar with and 605, F.S. Or, if this document is
	If Chan	nging Registered Agent, <u>Signa</u>	ture 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

Type of Action ☐ Add ☐ Remove
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	N/A			
ective date, if other than the	date of filing:		(optional)	
n effective date is listed, the date must te: If the date inserted in this blo	be specific and cannot be prior ck does not meet the applic	to date of filing or more that able statutory filing requ	n 90 days after filing.) Pursuant to 605 irements, this date will not be list	5.0207 ed as
cument's effective date on the De				
record specifies a delayed The 90th day after the reco		ot an effective time,	at 12:01 a.m. on the earlie	er of
The sources after the reco	id is med.			
August 15th ted	2018			
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	// /			
THE	Monis			
	MOSC. Signature of a member or author	orized representative of a m	ember	

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Filing Fee: \$25.00