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SHDIEC		lorida Real Estate Solutions		
SUBJEC	1: <u></u>	Name of Lim	ited Liability Company	1-18-1-19-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all correspon	ndence concerning this matter	to the following:	
		Kathryn S Moots		
	Division of Corporations When the enclosed Articles of Amendment and fee(s) are submitted for filing. Cathryn S Moots Name of Person Florida's Real Estate Solutions Firm/Company 9535 Indale Dr Address New Port Richey, FL 34654 City/State and Zip Code kmoots@gmail.com E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call: Cathryn S Moots Name of Person Area Code Daytime Telephone Number Inclosed is a check for the following amount: In \$25.00 Filling Fee \$60.00 Filling Fee,			
Florida's Real Estate Solutions Firm/Company				
		· · · · · · · · · · · · · · · · · · ·	Firm/Company	····
		9535 Indale Dr		
		· · · · · · · · · · · · · · · · · · ·	Address	
		New Port Richey, FL 3465	54	
			City/State and Zip Code	
The enclosed For furth Kathryn				
		E-mail address: (to be used for future annual report notifi	cation)
For furthe	er information co	oncerning this matter, please co	all:	
Kathryn !			727 277-6480 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	is a check for the	e following amount:		
■ \$25.0	0 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

MootsArt Florida Real Estate Solutions			
(Name of the Limited Liability (A Florida	y Company as it now appears on our records.) Limited Liability Company)		
The Articles of Organization for this Limited Liability Co	ompany were filed on August 24, 2015	and assig	gned
lorida document number	_·		
his amendment is submitted to amend the following:			
Florida document numberL15000142323 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
he new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "LLC" or the	e abbreviation "L.L	.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDR	ESS)		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
		74	
B. If amending the registered agent and/or regist		er the name o	f the
egistered agent and/or the new registered office addr	ress here:	注意 名	
		7 P	*****
Name of New Registered Agent:		SE N	, n
			r to the second
New Registered Office Address:	Enter Florida street address	- 	**************************************
		22 S	
	, Florida		
	Cin	Zin 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 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>	Address	Type of Action
MMBR	Marlys Newhouse	6806 Beach Blv, Hudson, FL 3466!	■ Add
			□ Remove
			☐ Change
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Tective date, if other than the an effective date is listed, the date mus ote: If the date inserted in this bloom	ock does not meet t	he applicabl	date of filing or e statutory fili	/ (more than 90 days	optional) s after filing.) Pu s, this date wil	rsuant to	o 605,02 e list ed :
ocument's effective date on the Do	epartment of State's	s records.					
e record specifies a delayed The 90th day after the rec		but not a	an effective	time, at 12:	01 a.m. on	the e	arlier
	20	15					
ated August 31			,				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00