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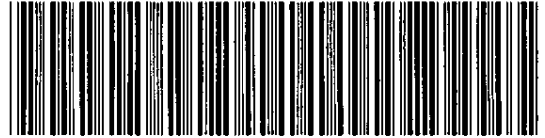
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D. SCOTT  
OCT 10 2017

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: JAIME MOSS LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JAIME MOSS  
Name of Person

JAIME MOSS LLC  
Firm/Company

4608 W. BELLAROSE ST  
Address

TALLAHASSEE FL. 32305  
City/State and Zip Code

cdmoss56@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAIME MOSS at (850) 228-1307  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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JAIME MOSS LLC

The Articles of Organization for this Limited Liability Company were filed on 03/25/2016 and assigned Florida document number 1160000581000

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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>	<u>Type of Action</u>
MGR	Jeremy Moss	4608 W. BECLARUSE ST	<input checked="" type="checkbox"/> Add
		Taunhwa 400 FL 32305	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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Signature of a member or authorized representative of a member

JAIME MOSS

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