## 11700024843

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2011 NOV 27 PR 4: 34
SECRETARY OF STATE
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K. SALY NOV 28 2017

## COVER LETTER

TO: Registration Sec Division of Corp			
Moceri Vent	tures LLC		
SUBJECT:	Name <b>of</b> Lin	nited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
•	_	·	
	Hope Moceri		
		Name of Person	
		Firm/Company	
	147 SW 52nd Terrace		
		Address	
	Cape Coral, FL 33914		
		City/State and Zip Code	
	hope.moceri@gmail.com E-mail address:	(to be used for future annual report noti	fication)
For further information co	oncerning this matter, please of		,
Hope Moceri		239 218-2046	
Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	1111		
■ \$25.00 Filing Fee	S30.00 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:		STREET/COURI	
Registration Section Division of Corporations		Registration Section Division of Corporation	
P.O. Bo		Clifton Building 2661 Executive Co	
i allalla.	3300, 1 12 313 14	Tallahassee, FL 32	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2017 NOV 27 PH 4: 34

SECRETARY OF STATE

Moceri Ventures LLC (Name of the Limited Liability Company as it now appears on our record (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on L17000024843 and assigned Florida document number \_\_\_\_02/01/2017 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 "LLC." 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address \_. Florida \_ City

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

MGR = M AMBR = A	Aanager Authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Hope Moceri	147 SW 52nd Terrace	
		Cape Coral, FL 33914	■ Remove
			☐ Change
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			Change
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			Change

D. If am	nending any other information, o	enter change(s) here: (Attach additional sheets, if necessary.)
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:	•	LED
		2017 NOV 27 PR .
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	<del></del>	TELAHASSE OF STATE
	<del></del>	1874
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		02/01/2017
E. Effe	ctive date, if other than the date	c of filing: (optional) (optional)
doci	ument's effective date on the Departi	
(b) Ti	he 90th day after the record i	ective date, but not an effective time, at 12:01 a.m. on the earlier of: is filed.
Date	November 20	2017
Dan		
	Sign	ature of a member or authorized representative of a member
	- Sign	
	Anthony R. Moceri, Jr.	Toward or rejected name of cignos
		Typed or printed name of signee
		Page 3 of 3
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