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(Requ	estor's Name))
(Addre	ess)	
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(City/S	State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Busin	ess Entity Na	ime)
(Docu	ment Number	r)
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SECRETARY OF STATE

O SIMMONS
JUL 10 2018

COVER LETTER

то:	Registration Se Division of Cor			
ena n	LITTLE M			
SUBJI	ECT:		ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		JOSEPH C. WASCH		
			Name of Person	
		WASCH RAINES LLP		
		9	Firm/Company	· · ·
		2500 N. MILITARY TRA	IL. SUITE 100	
			Address	
		BOCA RATON, FLORID	A 33431	
			City/State and Zip Code	
		JWASCH@WASCHRAIN		
		E-mail address: (to be used for future annual report noti	fication)
For fu	ther information co	oncerning this matter, please ea	all:	
JOSEI	PH C. WASCH		at () 693-3221 Area Code Daytim	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclos	ed is a check for th	ne following amount:		
■ \$2	5.00 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

LITTLE MOIR'S LLC		
(Name of the Limited Liability (A Florida Li	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Con	npany were filed on JUNE 7, 2017	and assigned
Porida document number 1.17000124619		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limite	d liability company here:	
he new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or t	
Enter new principal offices address, if applicable:		- SS 8
Principal office address MUST BE A STREET ADDRE.	<u></u>	
		15 25 E
		Mag D
inter new mailing address, if applicable:		101 79
Mailing address MAY BE A POST OFFICE BOX)		RIDE 31
		y
 If amending the registered agent and/or register egistered agent and/or the new registered office addres 	red office address on our records, <u>en</u>	ter the name of the
gistered agent and/or the new registered office address	ss nere:	
Name of New Registered Agent:		
New Registered Office Address:	Constitution 1	
	Enter Florida sireet address	
	, Florid:	
	City	Zip 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
MGR	MOIR, MICHAEL W.	5560 OLD MYSTIC COURT	□ Add
		JUPITER, FL 33458	_ ☐ Remove
			☐ Change
AMBR SHIMKUS, DREW S.	SHIMKUS, DREW S.	451 UNIVERSITY BLVD.	Add
		JUPITER, FL 33458	■ Remove
			Change D Add E
			SS
		· · · · · · · · · · · · · · · · · · ·	□ Remove
			□ Change
			□ Add
			□ Remove
			Change
			Add
			☐ Remove
			☐ Change

). If amending any other inf	ormation, enter change(s) here: (Attach addition	al sheets, if necessary.)
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Note: If the date inserted in	n the date of filing:	(optional) e than 90 days after filing.) Pursuant to 605,0207 (3) requirements, this date will not be listed as the
the record specifies a de b) The 90th day after th	layed effective date, but not an effective tine record is filed.	ne, at 12:01 a.m. on the earlier of:
Dated JULY 23	2018	
	The CHOund	
	Signature of a member or authorized representative of	'a member
JOSERH CAVAS	CH	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00