K19000202991

(Requestor's Name)
(Address)
(Address)
(City)Chana (Tiny 17) hann (N)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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FLORIDA DEPARTMENT OF STATE Division of Corporations

September 19, 2021

CHRISTOPHER MOSELEY 6307 11TH AVE S GULFPORT, FL 33707

SUBJECT: MOSELEY AND ASSOCIATES, LLC

Ref. Number: L19000202991

We have received your document for MOSELEY AND ASSOCIATES, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please-call (850) 245-6842.

Deborah Bruce Corporate Records Supervisor II

Letter Number: 421A00022599

www.sunbiz.org

Division of Company in a D.O. DOV 6207 Wellshopped Plantide 20214

COVER LETTER

TO:

Registration Section

Division of Corp	porations				
SUBJECT:	Moseley Name of Lim	and Associate	es, LLC	-	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspon	ndence concerning this matter	to the following:			
		Christopher M Name of Person	1 oseley	_	
	M	oseley and Association	ciates, LC	_	
	6-	307 11th Ave	. . .	_	
		City/State and Zip Code	3 707	-	
	Florida	Mose 6 hot mail.	COM	- 5 <i>x</i> 6	3
For further information co	oncerning this matter, please ca	ail:		ZUZI SEP 27 TALLAHAT	
Christo Name of	Person Moseley	at (727) Area Code	Daytime Telephone Numb	per to a	
Enclosed is a check for th	e following amount:			per 100 PH 300 O7) = }
	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	Certific sed) Certific	Filing Fee, cate of Status & ed Copy nal copy is enclosed	
Mailing Address Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7	Division The Cent 2415 N.	dress: ion Section of Corporations tre of Tallahassee Monroe Street, Suite see, FL 32303	810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

/VIOSC	lly And HSSOCIAL ility Company as it now appea da Limited Liability Company)	es, LLC		
(A Flori	da Limited Liability Company)	is on var records.		
The Articles of Organization for this Limited Liability Florida document number	• •	8/9/2019	and assig	gned
riolida document number	<u>) 1.</u>			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability company h	<u>ere</u> :		
The new name must be distinguishable and contain the words "Li	imited Liability Company," the	designation "LLC" or the	he abbreviation 3L.L	.C."
Enter new principal offices address, if applicable:			ALL SE	
(Principal office address MUST BE A STREET ADD	DRESS)		P 2	724 224
			7	13
Enter new mailing address, if applicable:			3: 0 문관	
(Mailing address MAY BE A POST OFFICE BOX)				
many many beautiful to the training many				
			·	
B. If amending the registered agent and/or register	ed office address on our	records, enter the i	name of the new	registerec
agent and/or the new registered office address here	:			
Name of New Registered Agent:	•	-	<u> </u>	
New Registered Office Address:				
	Enter Flo	orida street address		
		, Florida	1	
	City	, 1 101 101	Zip Code	
New Registered Agent's Signature, if changing Register	red 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 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	Shon Gibson		□ Add
		17010 Silver Sloves, Ln., Odessa, FL 32556	∑ Remove
			_ □Change
MGR	Adam Rivest		□Add
		6908 Ranch Rd, Samsota, FL 39243	& Remove
			_ □Change
MGR	William C. Hardy III		_ ∄ Add
		8255 101st Ct., Seminale, FL 33777.	Remove
		<u> </u>	Change
		F3	ည္ Add
			□Remove
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an effective ote: If th	re date is listed, the ne date inserted in s effective date o	date must be spe n this block doe	cific and ca es not me	annot be pri- et the appl	or to date of icable statu	filing or mo	e than 90 da	iys after til	ing.) Pursua		
record spe l is filed.	ecifies a delayed	effective date,	but not ar	n effective	time, at 12	:01 a.m. oi	the earlie	r of: (b)	The 90th	day afte	r the
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				(N	~						
-		Signati	ire of a me	ember or aut	horized repr	esentative c	f a member				
		ch									