L21000060829

(Re	questor's Name)	
(Ad	idress)	
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PICK-UP	MAIT	MAJL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

Amend or Amend Amend Preside



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MARIE H. OSIAS 2124 LONGWOOD ROAD WEST PALM BEACH, FL 33409

February 22, 2021

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

RE: L21000060829

To Whom It May Concern:

Please see the attached documentation/application to <u>amend the Articles of Incorporation of MOSIAS LLC.</u>

These forms are being submitted to <u>remove an Authorized Party</u> which was submitted in error.

The forms and the check for \$25 are enclosed.

If you have any questions, please contact ANDREW KUSSOY at akussoy@icloud.com or at 561-385-6600; or by mail at 1730 Forest Lakes Circle, Apt D, West Palm Beach. FL 33409.

Sincerely,

Marie H. Osias

Marie H. Osius

COVER LETTER

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations	
SUBJECT: MOSIAS LLC	
	mited Liability Company
The enclosed Articles of Amendment and fee(s) are su	abmitted for filing.
Please return all correspondence concerning this matte	er to the following:
Marie 08	Name of Person
MUSIAS L	-LC Firm/Company
2124 Longu	bood Rd Address
West-Palm akussoy	Beach, FL 33409 City/State and Zip Code (a) Icloud Com (to be used for future annual report notification)
E-mail address For further information concerning this matter, please	(to be used for future annual report notification)
Andrew Kussoy Name of Person	at (561) 385-6600 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810



May 3, 2021

MARIE H. OSIAS 2124 LONGWOOD ROAD WEST PALM BEACH, FL 33409

SUBJECT: MOSIAS LLC Ref. Number: L21000060829

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Please file the document as either Articles of Amendment or Restated Articles of Organization pursuant to applicable Florida Statutes.

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) 245-6050.

Letter Number: 821A00009180

Querida R Silas Regulatory Specialist II

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MOSIAS LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on FEBRUARY 3, 2021 Florida document number ____ 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:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

, Florida

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>	Type of Action
AP	ANDREW KUSSOY	1730 FOREST LAKES CIRCLE #D	
			□Add
		WEST PALM BEACH, FL 33406	■Remove
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effective date is listed, the date re: If the date inserted in this	block does not n	neet the applicat				
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ord specifies a delayed effec	tive date, but not	an effective tim	e at 12:01 a.m.	on the earlier of:	(b) The 90th day	e after the
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