

L21 000067139

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

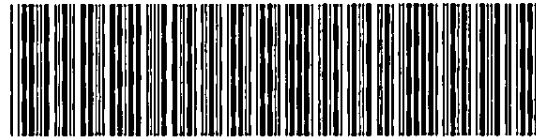
(Document Number)

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21 APR - 1 PM 12:22
DIVISION OF GOVT
RECORDS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MOSELEY COASTAL, 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:

DAVID L. TABER JR.

Name of Person

CONTRACTOR LICENSING INC.

Firm/Company

P. O. BOX 2122

Address

MARCO ISLAND, FL 34146

City/State and Zip Code

david@contractorlicensinginc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID L. TABER JR.

239 394-2300
at ()

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 &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

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

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

CLERK OF COURT
DIVISION OF CORPORATION

MOSELEY COASTAL, LLC

21 APR -1 PM 12: 22

(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 02/08/2021 and assigned
Florida document number L21000067139.

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 "L.L.C."

Enter new principal offices address, if applicable:

16 MAGNOLIA DRIVE

(Principal office address MUST BE A STREET ADDRESS)

DESTIN, FL 32541

Enter new mailing address, if applicable:

46050 MANEKIN PLAZA

(Mailing address MAY BE A POST OFFICE BOX)

SUITE 100

STERLING, VA 20166

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:

CONTRACTOR LICENSING INC

New Registered Office Address:

601 E ELKCAM CIRCLE, UNIT B1

Enter Florida street address

MARCO ISLAND

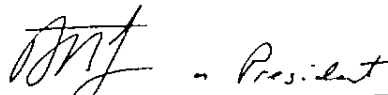
Florida 34145

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.


President

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

STATE OF CALIFORNIA
DIVISION OF CORPORATIONS

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	DOYLE & ELAINE, LLC	172 CENTER STREET	<input type="checkbox"/> Add
		SUITE 202	<input type="checkbox"/> Remove
		JACKSON, WY 83001	<input type="checkbox"/> Change
MGR	JOHNNY D. MOSELEY	46050 MANEKIN PLAZA	<input type="checkbox"/> Add
		SUITE 100	<input type="checkbox"/> Remove
		STERLING, VA 20166	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

DIVISION OF CORPORATIONS

21 APR -1 PM 12: 22

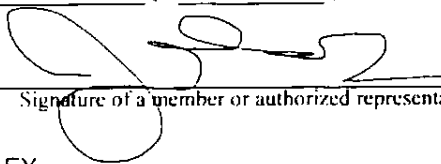
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated March 26, 2021



Signature of a member or authorized representative of a member

JOHNNY D. MOSELEY

Typed or printed name of signee

Filing Fee: \$25.00