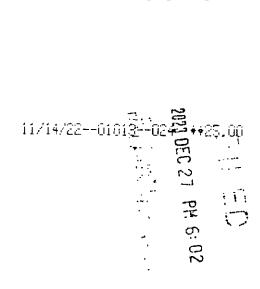
## 

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
51 12-27-22 WOAD

Office Use Only





## **COVER LETTER**

TO: Registration Section

Division of Corporations

Tallahassee, FL 32314

SUBJECT:	Moore To Sin	Fe Realty, LLC.	<del>-</del>
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
·	Katie	Name of Person	
	Moore To	Life Realty L	LC
	5810 44	h St. S. Address	
	St. Peturs	buter AL 3377 City/State and Zip Code	5
	E-mail address: (	19050 SIMAII COM	fication)
For further information of	concerning this matter, please ca	all:	
Katren D.	Moore of Person	at ( <u><b>812_</b></u> ) <u>201 · [16</u> Area Code Daytim	
Enclosed is a check for the	Name of Limited Liability Company  and Articles of Amendment and fee(s) are submitted for filing.  In all correspondence concerning this matter to the following:    Concerning this matter to the following:		
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Division of C	Section Corporations	Registration Se Division of Co	rporations
F.O. BOX 034	<u> </u>	ine Centre of	i arranassee

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

More To S	fe Realt	AND HOW ADDRAYS ON OUR TO	909 05C 27 PM 6: 02
(A)	lorida Limited Liab	att now appears on our resility Company)	
The Articles of Organization for this Limited Liabi	lity Company we	ere filed on	and assigned
Florida document number 12200282902	<u>`</u> .		
This amendment is submitted to amend the followi	ng:		
A. If amending name, enter the new name of the	e limited liabilit	y company here:	
The new name must be distinguishable and contain the words	s "Limited Liability	Company," the designation	"LLC" or the abbreviation "L.L.C."
•	•		
Enter new principal offices address, if applicabl	_		
(Principal office address MUST BE A STREET A	(DDRESS)		
	-		<u> </u>
Enter new mailing address, if applicable:	-		<del> </del>
(Mailing address MAY BE A POST OFFICE BO	<u>X)</u> _		
	_		
	_		
B. If amending the registered agent and/or regisagent and/or the new registered office address h		iress on our records, <u>e</u>	nter the name of the new registered
Name of New Registered Agent:	Haten	D. Moore	, President
New Registered Office Address:			
		Enter Florida street a	ddress
			, Florida
-		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 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
AMBR	Saha M. Ritter	5810 4th St. S. St. Petersburg, ±1 33705	<b>b</b> Add
		- returning, ±1 33/05	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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			□Remove
			□Change

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(If an effectiv Note: If th	date, if other than the date of filing:	
ne record spord is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t	the
Dated	12/14/2022 2022.	
	100 100	
	Signature of a member of authorized representative of a member	

Filing Fee: \$25.00