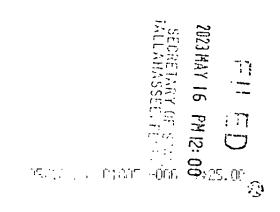
Laa 000 a 89953

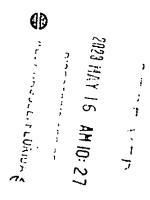
	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
	,
Certified Copies	Certificates of Status
Special Instructions to	
	J. HORNE
	MAY 17 2023
<u> </u>	,

Office Use Only



400408625974





CORPORATE ACCESS, ____

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

ХХ	CERTIFIED COPY PHOTOCOPY				
	CUS				
ΚX	FILING	LLC	CAMEND		
	ORPORATE NAME AND DOC				
(C	ORPORATE NAME AND DOC	UMENT #)			
(C	ORPORATE NAME AND DOC	UMENT #)		····	****
(C	ORPORATE NAME AND DOC	UMENT #)			
-(C	ORPORATE NAME AND DOC	UMENT #)	<u> </u>		
(C	ORPORATE NAME AND DOC	UMENT #)			
CIAL	TONS:				

ARTICLES OF AMENDMENT TO TO ARTICLES OF ORGANIZATION OF OF PM12: 02

Moseley 2436 HC LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

	(1111011GE EIIIIIGE EI	ability company,	
The Articles of Organization for this Limited I Florida document number L22000289953		were filed on 06/27/2022	and assigned
This amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name	of the limited liabil	ity company here:	
The new name must be distinguishable and contain the	words "Limited Liabili	ry Company," the designatio	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	E BOX)		
B. If amending the registered agent and/or agent and/or the new registered office address.			enter the name of the new registere
Name of New Registered Agent:			
New Registered Office Address:	1715 West Cleveland Street Enter Florida street address		
	Tampa		Florida 33606
	<u></u>	City	, Florida ³³⁶⁰⁶ Zip Code
New Registered Agent's Signature, if changing	Registered Agent:		
I hereby accept the appointment as register provisions of all statutes relative to the pro- accept the obligations of my position as reg- being filed to merely reflect a change in the	per and complete p gistered agent as p	performance of my dut rovided for in Chapter	ies, and I am familiar with and 605, F.S. Or, if this document is

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

Title	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			[]Change
	<u> </u>		□Add
			☐ Change
			
			□Remove
		···	Change
			□Add
			□Remove
			[]Change
			□Add
			□Remove
			(7)(7)

amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
_	
_	
_	
_	
_	
_	
_	
_	
_	
_	
_	
an ciled lote: 1	re date, if other than the date of filing: dive 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 fithe date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as not's effective date on the Department of State's records.
record l is file	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 d.
ated _	15 May 2023
	Pho
	Signature of a member or authorized representative of a member
	Patrick J. McConachie
	Typed or printed name of signee

Filing Fee: \$25.00