L23000018871

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COVER LETTER

Division of Corp	porations		
Moore Abo	de LLC		
SUBJECT:	Name of Limi	ited Liability Company	
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:	
	Jonathan Rand		
		Name of Person	
	Moore Abode LLC		
		Firm/Company	
	11311 Chilly Water Ct		_
		Address	
	Riverview, FL 33569		
		City/State and Zip Code	
	mooreabode.oviedo@gmail	.com to be used for future annual report notifi	oation)
For further information of	oncerning this matter, please ca		(Californ)
Jenessa Lynn Rand		407 592-6717 at ()	
Name of	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Moore Abode LLC		
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our records.) nited Liability Company)	<u> </u>
The Articles of Organization for this Limited Liability Com		and assigned
	party were fried on	and assigned
Florida document number L23000018871		
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:		
•		
Principal office address MUST BE A STREET ADDRES	<u> </u>	20.2
		* •
Enter new mailing address, if applicable:	11311 Chilly Water Ct	·-
(Mailing address MAY BE A POST OFFICE BOX)	Riverview, FL 33569	
		:
		ే.: 'ఎ
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	ed office address on our records, <u>e</u> s here:	· -
B. If amending the registered agent and/or registere registered agent and/or the new registered office address Name of New Registered Agent:	ed office address on our records, <u>e</u> s <u>s here</u> :	· -
egistered agent and/or the new registered office address	s here:	· -
Name of New Registered Agent:	ed office address on our records, go here: Enter Florida street address	· -
	s here:	nter the name of 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

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Sarah Sharma	***	
			Remove
			Change
MGR	Jonathan Rand	2963 Moore Dr	Add
		Oviedo, FL 32765	Remove
			□ Change
			Remove
			Change
			Add
			☐ Remove
			Change
			□ Add
			Remove
			Change
			□ Add
			Remove
			☐ Change

it amending any other informat	ion, enter change(s) here: (Attach additional sheets, i	, necessury.
-		-
<u> </u>		
		
		
		····
Effective date, if other than the fan effective date is listed, the date must Note: If the date inserted in this blodocument's effective date on the De	be specific and cannot be prior to date of filing or more than 90 day ock does not meet the applicable statutory filing requirement	(optional) ss after filing.) Pursuant to 605.020 ts, this date will not be listed as
e record specifies a delayed The 90th day after the reco	effective date, but not an effective time, at 12 ord is filed.	:01 a.m. on the earlier o
August 07	2023	
- Sh 5	Signature of a member or authorized representative of a member	
	Signature of a memori of authorized representative of a memori	
Sarah Sharma	Typed or printed name of signee	

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Filing Fee: \$25.00