## L23000392095

(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:

Office Use Only



000436978610

28 3 1 - 1 - 2 122 2 2 2 4 2 1 2 1

24 STP 25

6 FR 4: 51

## **COVER LETTER**

TO:

TO: Registration Division of C			
Moss En	terprises Group, LLC		
SUBJEC1:	Name of Lin	nited Liability Company	· · · · · · · · · · · · · · · · · · ·
		•	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Malissa D Moss		. •
		Name of Person	<del></del>
	Moss Enterprises Group, I	TC	
		Firm/Company	
	P.O. Box 8409		
		Address	····
	Tampa, FL 33674		
	•	City/State and Zip Code	
-	mdm@mossenterprisesgrou		<u> </u>
For further information	E-mail address: ( concerning this matter, please c	to be used for future annual report notifi	ication)
Malissa D Moss	reordering this matter, please c		
		317 519-6672 at ()	<u></u>
Name	e of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	the following amount:		
☐ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section 10 Status & Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addr</u> Registration		Street Address:	•:
-	Corporations	Registration Sec Division of Corp	
P.O. Box 63		The Centre of Ta	·
Tallahassee			Street, Suite 810
		Tallahassee, FL	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Moss Enterprises Group, 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 August 21, 2024 and assigned Florida document number  $\frac{1.23000392095}{1.23000392095}$ 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." 203 1/2 West Hamilton Ave Enter new principal offices address, if applicable: Tampa, FL 33604 (Principal office address MUST BE A STREET ADDRESS) P.O. Box 8409 Enter new mailing address, if applicable: Tampa, FL 33674 (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: Enter Florida street 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.

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>	Address	Type of Action
			□Remove
			□ Add
			□Remove
			□Change
			□Add
	·	· · · · · · · · · · · · · · · · · · ·	□Remove
		<del> </del>	□Change
<del></del>			
			☐Remove
		·	□Change 4
	· ·	· · · · · · · · · · · · · · · · · · ·	□Add
			□Remove
			□ Change
<u></u>			
			□Remove
			Change

none				: .	· · · · · · · · · · · · · · · · · · ·
	-				
<u> </u>		<u> </u>	<del></del>		<del></del>
	<del></del>	<del></del>	·		<del></del>
		<del></del>			· · · · · · · · · · · · · · · · · · ·
		<del></del>	··		
			···		
		<del></del>			
	<del></del>	<del></del>	_		
					<del></del>
ective date, if other than the date of filing: _	Sept	19,202	(	optional)	
neffective date is listed, the date must be specific and can te: If the date inserted in this block does not meet	unot be prior to (	cate of filing or ma	ore than 90 days g requirement:	after filing.) I s, this date w	tursuant to 605.020 ill not be listed a
rument's effective date on the Department of State	s'records.				
cord specifies a delayed effective date, but not an	effective time	est 12:01 a.m. c	on the earlier (	of∵αho The∵	90th day after th
s filed.	cricente une	., at 12.01 a.m. c	on the carrer	,i. (0) 11£	our day arter in
, , , , , , , , , , , , , , , , , , ,					
5 (A) 1(1 N 5/2 ( )		,			
red Sept. 19, 2024,					
100 Sept. 19, 2024,	1977				
Sept. 19, 2024  Walley  Signature of a men	hber or authoriz	ed representative	of a member		