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Office Use Only



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2018 NOV -8 PM 1:22 SECRETARY OF STATE

COVER LETTER

TO: Registration Sec Division of Corp		•			
MOANMA)	O LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of A	amendment and fee(s) are sub	mitted for filing.			
Please return all correspon	dence concerning this matter	to the following:			
	PATRICIA ACOSTA				
	Name of Person				
	Firm/Company 4000 HOLLYWOOD BLVD, SUITE 140-N				
•					
		Address			
	HOLLYWOOD, FL 3302	I			
	City/State and Zip Code				
		@TEAMREMANAGEMENT.COM			
	E-mail address: (to be used for future annual report notific	cation)		
For further information co	ncerning this matter, please ca	all:			
PATRICIA ACOSTA		305 454-0915 at ()			
Name of	Person	Area Code Daytime	Telephone Number		
Enclosed is a check for the	e 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 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**

FILED 2018 NOV -8 PM 1:22

MOANMAYO LLC

(Name of the Limited Liability Company as it now appears on our records.) AFASSEE, FL

The Articles of Organization for this Limited Liability Com	pany were filed on 12/1	5/2010 and assigned	
Florida document number L10000128058		•	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company her	<u>e</u> :	
The new name must be distinguishable and contain the words "Limited	Liability Company," the de-	signation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES.	<u></u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registere	ed office address on	our records, enter the name of the ne	
registered agent and/or the new registered office address			
Name of New Registered Agent:	· 		
New Registered Office Address:			
	Enter Florida street address		
	, Florida		
	•	Zip Code	
New Registered Agent's Signature, if changing Registered Agent's Signature, if changing Registered Agent's Agent's Signature, if changing Registered Regist	<u>gent:</u>		
I hereby accept the appointment as registered agent and			
provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agen			

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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Borin De Lapau, Marcela A	4000 Hollywood Blvd Ste 140-N Hollywood, FL 33021	Add
			■ Remove
•			Change
MGR	Borin De Palau, Marcela A	4000 Hollywood Blvd., Ste 140-N Hollywood, FL 33021	■ Add
			Remove
			Change
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			Remove
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ecti	ve date, if other than the date of filing: (optional) setive 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 60:	5 020
te:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list	ted a
cum	ent's effective date on the Department of State's records.	
rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earli	ier (
	90th day after the record is filed.	
ted .	11.7.18	
	Marcela D Borin De Polau	
	Signature of a member or authorized representative of a member MAICELLA BOXIN DE PaloU Trade printed arms of signature of a member	

Page 3 of 3

Filing Fee: \$25.00