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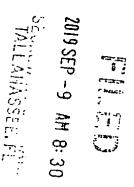
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August 26, 2019

ROBERT ROBINS 1206 S RIDGEWOOD AVE DAYTONA BEACH, FL 32114

SUBJECT: MOONTIDE CONDO RENTALS, LLC

Ref. Number: L19000107133

We have received your document for MOONTIDE CONDO RENTALS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the type of action for persons authorized to manage IIc. Either check add, remove or change. Please spell the name clearly can not tell what the first name is.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Catherine M Wood Regulatory Specialist II

Letter Number: 919A00017612

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ty Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number	Company were filed on HI8 / 19 and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ited liability company here:	
The new name must be distinguishable and contain the words "Limit	ited 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 ADDRE	(ESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre	tered office address on our records, enter the name of the new	
Name of New Registered Agent:		
New Registered Office Address:	17AL	
	Enter Florida street address	
	, Florida	(autriti
New Registered Agent's Signature, if changing Registered /	Contract Con	
provisions of all statutes relative to the proper and con accept the obligations of my position as registered age	nd agree to act in this capacity. I further agree to comply with the mplete performance of my duties, and I am familiar with and content as provided for in Chapter 605, F.S. Or, if this document is doffice address, I hereby confirm that the limited liability	424

Page 1 of 3

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:

AMBR = Authorized Member		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Title Mar	Name Varonica Palta	Address 4139 July MIKINE Avenu E NEW STONDON BEGGET Florida 30	Type of Action	
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an effective d lote: If the o	te, if other than the date of filing:  ate is listed, the date must be specific and cannot be prior to date inserted in this block does not meet the applicable ffective date on the Department of State's records.	(optional) date of filing or more than 90 days after filing.) Pursuant to 605.02 e statutory filing requirements, this date will not be listed
	pecifies a delayed effective date, but not a day after the record is filed.	n effective time, at 12:01 a.m. on the earlier
ıted	stialia,	
	7/	
_	Signature of a member or authorize	ed representative of a member  N.C.N. Pulterson  ame of signee

Page 3 of 3

Filing Fee: \$25.00