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Special Instructions to	Filing Officer:			





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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Moon & Milenkevich & Sodhi Name of Limited Liability Company
Name of Diffice Blability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
MARK MON
Moon Law Group Firm/Company
705 N Parsons Ave
Brandon FL 33510 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MARK MooN at (8/3) 200 - 7255  Name 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 Certified Copy (additional copy is enclosed)  \$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

	-		
Moon 6	MILENKEVICH &	SECULTARY OF STATE	
( <u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our rida Limited Liability Company)	records.)	
The Articles of Organization for this Limited Liabil	ity Company were filed on	3/09 and assigned	
Florida document number <u>LOGOOO/C</u>			
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	limited liability company here:		
MOON & DAVI	c //C		
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Company," the	designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable	<u></u>		
(Principal office address MUST BE A STREET A	DDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>		
•		<del> </del>	
B. If amending the registered agent and/or r		ords, 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		
_	, Florida		
_	City	Zip Code	

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 608, 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

4 ....

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Mar MGRM = M	nager lanaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	MARK South	705 N Parsons Ave Brandon FL 33500	Add Remove
MGRM	Gres Milankevich	705 No Parson Ave Brundon FL 33510	Add Remove
<u>MGRN</u>	Leell. Davis P.A.	705 N. Parsons Ave Brandon FL 33510	Add Remove
			Add Remove
	<del></del>		Add Remove
			Add Remove
D. If amend	ing any other information, enter change	e(s) here: (Attach additional sheets, if necessar	O9 DEC 11 PH
	17/2/00		F STATE
Dated	MARK R.	or authorized representative of a member	
	Typed o	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00