

L11000031052

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

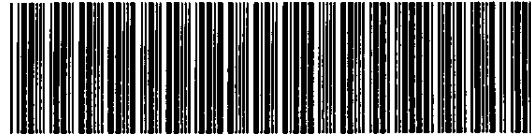
(Business Entity Name)

(Document Number)

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11 JUN 14 AM 11:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK

JUN 15 2011

EXAMINER

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: SIRIUS FOLK NETWORK L.L.C.

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

McArthur Brown II

Name of Person

MOENOPALI CHARTERED CORP.

Firm/Company

P.O. Box 770068

Address

Coral Springs, Florida 33077

City/State and Zip Code

moenopalisociety@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

McArthur Brown II

Name of Person

at ( 424 )

243-5441

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)

☒ \$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

FILED  
11 JUN 14 AM 11:08  
TALLAHASSEE, FLORIDA  
STATE OF FLORIDA

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**SIRIUS FOLK NETWORK L.L.C.**

(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 3/14/2011 and assigned  
Florida document number L11000031052.

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 end with 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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

11 JUN 14 AM 11:08  
STATE OF FLORIDA  
TALLAHASSEE

**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*

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

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 = Manager

MGRM = Managing Member

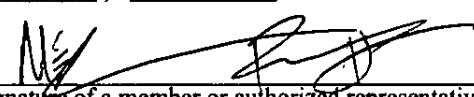
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	McArthur Brown II	685 NW 79 Avenue Margate, Florida 33063	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Nancy J Brown	685 NW 79 Avenue Margate, Florida 33063	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Kofi I Cathcart	685 NW 79 Avenue Margate, Florida 33063	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Michael Jeannot	685 NW 79 Avenue Margate, Florida 33063	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Moenopali Chartered Corp.	685 NW 79 Avenue Margate, Florida 33063	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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STATE OF FLORIDA  
TALLAHASSEE

Dated \_\_\_\_\_, \_\_\_\_\_

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

McArthur Brown II  
\_\_\_\_\_  
Typed or printed name of signee



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 18, 2011

MCARTHUR BROWN II  
MOENOPALI SOCIETY, INC.  
POST OFFICE BOX 770068  
CORAL SPRINGS, FL 33077

SUBJECT: SIRIUS FOLK NETWORK LLC  
Ref. Number: L11000031052

We have received your document for SIRIUS FOLK NETWORK LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The attached form must be completed in order to file the document.

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) 245-6028.

Barbara Bostick  
Regulatory Specialist II

Letter Number: 511A00012327

Note to Barbara Bostick  
Amendment  
the ~~File~~ ~~Amendment~~ Previous sent  
Please disregard for the record  
we talked you asked me leave note  
thank you



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 6, 2011

MCARTHUR BROWN II  
MOENOPALI CHARTERED CORP.  
POST OFFICE BOX 770068  
CORAL SPRINGS, FL 33077

SUBJECT: SIRIUS FOLK NETWORK LLC  
Ref. Number: L11000031052

We have received your document for SIRIUS FOLK NETWORK LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6028.

Barbara Bostick  
Regulatory Specialist II

Letter Number: 611A00013759