C11000037846

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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT

MOON INVESTMENTS, LLC

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:

MITCHELL J. HOWARD

Name of Person

MITCHELL J. HOWARD CPA. PA

Firm/Company

3800 S. OCEAN DR. SUITE 228

Address

HOLLYWOOD, FL 33018

City/State and Zip Code

christianb@crossbower.net

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

For further information concerning this matter, please call:

MITHELL J. HOWARD

954₄₅₄₋₁₁₁₉

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

□\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

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

MOON INVESTMENTS, LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our reco Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability (Company were filed on 03/30/2011	and assigned
Florida document number L11000037846	<u> </u>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and end with the wo	ords "Limited Liability Company," the desig	gnation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		() 2 <u>1</u>
(Principal office address MUST BE A STREET ADD	RESS)	F 3 3 7
		7/25 1 Dear
		82 o [
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		5 1
		<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office add		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida si	treet address
		orida
	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> **Name Address** Type of Action **3247 NE 168TH STREET** MGRM **HERMAN BALLESTEROS** N. MIAMI BEACH, FL 33160

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	- Aith
	CHRISTIAN BALLESTEROS
	Typed or printed name of signce

Page 3 of 3

Filing Fee: \$25.00

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