Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H200003606163)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

	Division of Co	rporations	-		
	Fax Number	: (850)617-6383			
			5,3		
From:					
	Account Name	: DEAN, MEAD, EGERTON,	BLOODWORTH,	CAPOUANO & BOZARTH	, P.A.
	Account Number	: 076077001702	3	7	
	Phone	: (407)841-1200		2020	
	Fax Number	: (407)423-1831			
		• •		300	•
					2 /

annual report mailings. Enter only one email address please.\*\* Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NEW MOON MANAGEMENT GROUP, LLC

Certificate of Status	0
Certified Copy	. 0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu SULKER

Help

OCT 1 9 2020

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION (((H20000360616 3))) OF

NEW MOON MANAGEMENT GROUP, LLC  (Name of the Limited Lightlity Company (A Plovida Limited Li	y ea lt new emerara on our records.)		
The Articles of Organization for this Limited Liability Company v	and assigned		
Florida document number L11000097675	A <sup>*</sup>		
This amendment is submitted to amend the following:	1:		
A. It amending name, enter the new name of the limited liabil	lity company hers:		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the	abbreviation "L.L.C"	
Enter new principal offices address, if applicable:		<del></del>	
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:	: \	<del></del>	
(Malling address MAY BE A POST OFFICE BOX)		<u> </u>	
77 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	14	ama al the new registeror	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	daress on our records, enter the r	aute of the new testate.	
		三、 量 ①	
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Office Address.	Enter Florida street address		
	∴: , Florida		
	Clry	Zip Code	
New Registered Agent's Signature, if changing Registered Agenti	•		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and Lo provided for in Chapter 605, F.S.	am familiar with and Or, if this document is	

(((H200003606163)))

If Changing Registered Agent, Signature of New Registered Agent

## If amending Authorized Person(s) authorized to manage, enter the title, nange, and address of each person being added or removed from our records:

(((H200003606163)))

(((H200003606163)))

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MUR	Thomas J. Sireci, Jr.	305 Southard Street, Suito 203	CJAdd
		Koy West, FL 33040 #	<b>⊟</b> Rетюус
		, ,	
MGR	Matthew R. Sireci	7924 Bell Drive	<b>≅</b> Add
		Port Richey, FL 3466E	LIRemove
			Li Change
		<u></u>	
			□ Kernove
·. •		,,	LiChange
		·	ÜAdd
			☐Remove
-			山(hange
			∐∧dd ·.
			□ Remove
			凹Change :
			LJAdd .
			U⊜hange

See attached sheet.	ruation, enter ch	•			
	<del></del>	··	<del></del>		· <u>-</u> .
	·		· · · · · · · · · · · · · · · · · · ·	<del></del>	
-					
				<del></del>	
	( <del>-</del> 1	<u></u>		<del></del>	
	· · · · · ·			·	·.
	<u> </u>				<del>-</del>
					· <del></del>
					<del></del>
	<del></del>				
	<del></del> -				<del></del>
		<del></del>		<del></del>	<del></del>
		<del></del>			
				<del></del>	··· <del>····</del>
ective date, if other than a effective date is listed, the date	the date of filing	:		(optional)	
n effective date is tisted, the date te: If the date inserted in thi	must be specific and is block does not m	caunal be prior to control	tate of filling or more than	in 90 days after filing.)	Pursuant to 605.0207 (
cumont's effective date on th	ic Department of St	tate's records.	- ammany mmig resign		THE THOU GO INSTEED BIT I
cord specifies a delayed effe is filed,	ective dute, hut not	an effective time	, Rt 12:01 a.m. on the	earlier of: (b) The	90th day ofter the
ar thou,					
1.010					
10/15/20		2020			
10/15/20	-UVA.	2020			
10/15/20	41/6	2020			
10/15/20	Signature of a ri	<b></b>	ed representative of a n	icmber	<u> </u>

Filing Fee: \$25,00

(((H200003606163)))

New Moon Management Group, LLC Document Number: L11000097675

#### D. If amending any other information, enter change(s) here:

The first paragraph of Article VIII of the Articles of Organization shall be amended in its entirety to read as follows:

### "Article VIII - Composition of Management

This limited liability company shall be managed by two (2) managers, Michael L. Browning and Matthew R. Sireci. The current two (2) Members and Managers agree that subsequent to the death of Michael L. Browning, his daughter, Berit Illsa Browning, will become a Manager with Matthew R. Sireci so that the Company will have two (2) Managers. Except as set forth above and notwithstanding anything contained herein to the contrary, at all times, if either of the Managers set forth herein are unable or unwilling to so serve, or resign, the Company shall have two (2) Managers with one Manager being appointed by the family of Michael L. Browning, or designee of that family, and one Manager being appointed by the family of Matthew R. Sireci, or designee of that family. In accordance with the foregoing, the names and addresses of the Managers of this limited liability company are:

Michael L. Browing 402 Appelrouth Lane, 2nd Floor

Key West, FL 33040

Matthew R. Sireci 7924 Bell Drive

Port Richey, FL 34668"

