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Special Instructions to	Filing Officer:	
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G. MCLEOD

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EXAMINER



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1. UEU - Z. PH 1: UB ECKETARY OF STATE LLAHASSEE, FLORE

COVER LETTER

Division of C	corporations					
SUBJECT:	Moone	ey Family LLC				
30 5 0 5 0 5 0		ited Liability Company				
The enclosed Articles	of Amendment and fee(s) are sul	omitted for filing.				
Please return all corres	pondence concerning this matter	to the following:				
	-	Todd Mooney				
		Name of Person				
		Firm/Company				
	9414 Lorendale Circle					
		Address				
		Spring Hill, FL 34608 City/State and Zip Code				
	E-mail address: (oney1325@yahoo.com to be used for future annual report notifi	cation)			
For further information	concerning this matter, please o	call:				
	Todd Mooney	at (352_) Area Code & Daytime	683-4207			
Name	e 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	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fec, Certificate of Status & Certified Copy (additional copy is enclosed)			

MAILING ADDRESS:

TO:

Registration Section '

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

Mooney	Family LLC			
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	mpany as it now appear ted Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Comp	oany were filed on	Oct. 24, 2011	and assi	gned
Florida document numberL11000102269				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	liability company her	<u>·e</u> :		
The new name must be distinguishable and end with the words "l" L.L.C."	Limited Liability Compa	any," the designation	"LLC" or the ab	obreviation
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS	2)			
			HAS EC-	- Tanamas
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Enter new mailing address, if applicable:		•	Fo =	
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>	0
			Omi en	
B. If amending the registered agent and/or registered	d office address on o	our records, enter	the name of	the new
registered agent and/or the new registered office address				
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
		, Florida _		
	City		Zin 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 **Title** <u>Name</u> <u>Address</u> **Type of Action** MGRM Brian Mooney 1541 W. Round Lake ✓ Add Remove DeWitt, MI 48820 MGRM Terrie Hall 1512 Elderado Parkway W. ✓ Add ☐ Remove Cape Coral, FL 33914 ☐ Add Remove ☐ Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) November 2011 Dated _ Signature of a member or authorized representative of a member Todd Mooney Typed or printed name of signee

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Filing Fee: \$25.00