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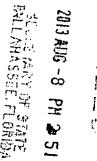
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COVER LETTER

| TO: Registration So Division of Co | | | | |
|---------------------------------------|---|---------------------------------------|----------|----|
| . Moor | ney Time, LLC | | | |
| 5000201. | Name of Limited Liability Company | | | |
| The enclosed Articles of | Amendment and fee(s) are submitted for filing. | | | |
| Please return all correspo | ondence concerning this matter to the following: | | | |
| | Scott Meyer | | | |
| | Name of Person | | | |
| | Firm/Company | | | |
| | 18319 Temple Ave | | | |
| | Address | 1 | 201 | |
| | Port Charlotte, FL 33948 | E AFF | 2013 AUG | 77 |
| | City/State and Zip Code | <u> </u> | 8 | - |
| | meyer18319@embarqmail.com | | P | |
| | E-mail address: (to be used for future annual report notification) | ————————————————————————————————————— | ₽ | L. |
| For further information of | concerning this matter, please call: | 建筑 四部 | S | |
| Scott Meye | er 941,628-8976 | *** | _ | |
| Name o | of Person Area Code & Daytime Telephone Number | | | |
| Enclosed is a check for the | he following amount: | | | |
| □ \$25.00 Filing Fee | □\$30.00 Filing Fee & □\$55.00 Filing Fee & □\$60.00 Fili Certificate of Status Certified Copy Certificat | ng Fee, te of Statu | s & | |

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mooney Time, LLC

| wooney rime, LLC | | | | |
|---|--|--|---|-------------------|
| (Name of the Limited Lia (A Flo | <u>bility Compar</u> rida Limited L | <u>ny as it now appears or</u> Liability Company) | n our records.) | |
| The Articles of Organization for this Limited Liabil Florida document number <u>L11000139396</u> | | | (1) (1) (1) (1) (1) (1) (1) (1) (1) (1) | 2013 signed 7: |
| This amendment is submitted to amend the following | ng: | | | |
| A. If amending name, enter the new name of the | limited liab | ility company here: | | 2 |
| The new name must be distinguishable and end with the "L.L.C." | e words "Limi | ted Liability Company,' | ' the designation "LLC" o | r the abbreviatio |
| Enter new principal offices address, if applicable | : : | | | |
| (Principal office address MUST BE A STREET A | DDRESS) | 18319 Temple / | Avenue | |
| | | Port Charlotte F | L 33948 | |
| Enter new mailing address, if applicable: | | | | |
| (Mailing address MAY BE A POST OFFICE BOX | ν) | 18319 Temple / | Avenue | |
| | | Port Charlotte F | L 33948 | |
| B. If amending the registered agent and/or r registered agent and/or the new registered office | address her | <u>e</u> : | records, enter the na | me of the nev |
| Name of New Registered Agent: | Dorothy M | Bennett | | |
| New Registered Office Address: | 2421 Shrev | e St Ste 115 | | |
| | | Enter | Florida street address | |
| F | onta Gord | la | , Florida <u>33</u> 950 | |
| _ | | City | Zip | Code |
| New Registered Agent's Signature, if changing Regis | stered 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-------------|---|----------------|
| MGRM | Scott Meyer | 18319 Temple Ave | _ Add |
| | | Port Charlotte, FL 33948 | Remove |
| | | | _ |
| | | | Add |
| | | _ | _ Remove |
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| Dated 8/ | | , <u>2013</u> | | |
|----------|--------------|---|--------------|----|
| | Soft Marier | | | |
| _ | Signature of | f a member or authorized representative of a me | mber | |
| _ | Scott Meyer | Typed or printed name of signee | | |
| | | Page 3 of 3 | | |
| | | Filing Fee: \$25.00 | 2013 PALL | |
| | | | | ** |