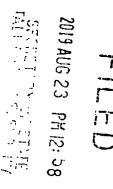
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COVER LETTER

TO:	Registration Se Division of Cor			
villa it.	MOENOPA	ALI, LLC.		
SUBJE	CI:	Name of Lim	ited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		NANCY BROWN		
			Name of Person	
		CYL SERVICES, LLC.		
			Firm/Company	
		2700 NW 56 AVE #509		
			Address	
		LAUDERHILL, FL 33313		
			City/State and Zip Code	
		CYLWURKS 4-U	@ OUTLOUK. COM	atitication)
For the	ther information e	concerning this matter, please of	·	otheaton
		oncerning this matter, prease of		
NANC	Y BROWN	,	954 854-4435 at () Area Code Dayt	
	Name o	r Person	Area Code Dayt	ime Telephone Number
Enclose	ed is a check for th	he following amount:		
= \$25	5.00 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)
	Registr	ING ADDRESS: ration Section on of Corporations	STREET/COU Registration Sec Division of Corp	
P.O. Box 6327		Clifton Building		

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MOENOPALI, LLC.				
(Name of the Lin	nited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)		
The Articles of Organization for this Limited Florida document number L12000135934	Liability Company were filed on 10/1			
This amendment is submitted to amend the fo	Howing:			
A. If amending name, enter the new name	of the limited liability company he	<u>re</u> :		
The new name must be distinguishable and contain the	words "Limited Liability Company," the de	signation "L.L.C" or the abbreviation "L.L.C."		
Enter new principal offices address, if appl	icable:			
(Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address M.4Y BE A POST OFFICE B. If amending the registered agent and registered agent and/or the new registered	d/or registered office address on			
Name of New Registered Agent:	CYL SERVICES, LLC.	10 8 S S S S S S S S S S S S S S S S S S		
New Registered Office Address:	2700 NW 56 AVE. #509			
		Enter Florida street address		
	LAUDERHILL.	Florida 33313 Zin Code		
	City	Zsp 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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person_being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	PIERRE-EDRISS PLUVIOSE	870 CORAL RIDGE DRIVE CORAL SPRINGS, FL 33071	■ Add
			□ Remove
			□ Change
			Add
			_ □ Remove
			☐ Change
			□ Remove
			Change
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			Remove
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(If an effective date is liste Note: If the date inser	er than the date of filir d, the date must be specific ar ted in this block does not late on the Department of	nd cannot be prior to meet the applicab	date of filing or more	(optiona than 90 days after filir equirements, this da	ig.) Pursuant to 605.0207 (1
	s a delayed effective ter the record is filed		an effective tim	ne, at 12:01 a.m	on the earlier of:
Dated AUGUST 19TI	1	2019			
	MILET		red representative of		
	Signature of a	i member or authoriz	red representative of	a member	
	1 /15 1 / JAN	1 1	a-1i		

Page 3 of 3

Filing Fee: \$25.00