L12000/50212

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SECRETARY OF STATE

COVER LETTER

TO:

Registration Section **Division of Corporations**

MOONLIGHT AND MORE 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:

DOUGLAS JAY MARKOVITZ
Name of Person
Firm/Company
569 N SEMORAN BLVD
Address
City/State and Zip Code
ORLANDO FL 32807
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DOUGLAS JAY MARKOVITZ at (561) 543-5183

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) □\$60.00 Filing Fee, 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

MOONLIGHT AND MORE LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on $\underline{11/30/2012}$ and assigned Florida document number <u>L12000150212</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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 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>	<u>Name</u>	Address	Type of Action
MGRM	MOURAD REGRAGUI	4956 CASON COVE DR # 206	Add
		ORLANDO, FL 32811	Remove
MGRM 	DOUGLAS JAY MARKOVITZ	569 N SEMORAN BLVD ORLANDO FL 32807	Au
		TALLAHASSEE. FLOREDA	Add Remove
			Remove Add Remove
			Add Remove

).	If amen	ding any	other informatio	n, enter chan	ge(s) here:	(Attach additio	onal sheets, if necess	ary.)
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			Kegra	Types	d or printed i	name of signee		

Page 3 of 3

Filing Fee: \$25.00