# L13000-161657

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(Requestor's Name)				
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PICK-UP	☐ WAIT	MAIL		
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(Bu	siness Entity Nan	ne)		
(Do	cument Number)	<u> </u>		
Certified Copies	Certificates	of Status		
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Special Instructions to	Filing Officer:			
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Office Use Only



10/02/15--01027--003 \*\*30.00



### COVER LETTER ...

Division of Corp	•		
SUBJECT:	Moneya	, l.i.c.	
	Name of Limit	ted Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspon	ndence concerning this matter t	to the following:	
	Carlos	Name of Person	
		Name of Person	
	Law 0ft:ca	e of Carlos C	ercia, P.A.
		Firm/Company	•
	66 West FI	egler Otrcet, Sui	te 401
		Address	
	Miami, FL	33130	
		2.07.5.4.0 2.12 2.1p 0.000	
	mcigroup50	o be used for future annual report notific	cation)
For further information co	oncerning this matter, please ca	·	·
	-		
<u>Carlos</u> C	herc'ie	at (365) 371 - 3 Area Code Daytime	Tolophone Number
Name of	reison	Alea Code Daytinie	retephone (varioe)
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Enclosed is a check for th	_	<b></b>	
□ \$25.00 Filing Fee	\$2 \$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)
			(accinonal 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

FILED

## ARTICLES OF ORGANIZATION 2015 OCT -2 PM 2: 29

Or	Marit 122 of Care
	ALLHARI FROM
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records.)
(A Florida Limited Liability Comp	pany)
The Articles of Organization for this Limited Liability Company were filed	on $11/18/2013$ and assigned
Florida document number <u>L13000161657</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	nny here:
The new name must be distinguishable and contain 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 addre	ess on our records, enter the name of the n
registered agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	ter Florida street Address
····	, Florida
City	Zip 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 '

Title	<u>Name</u>	Address	Type of Action
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If amending any o	ther information, en	ifer change(s) here:	: (Attach additional si	neers, if necessary.)	
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the record specif ) The 90th day	ies a delayed effer aiter the racord is	ctive date, but no filed.	t an effective time,	at 12:01 a.m. o	n the sprier of:
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Filing Fee: \$25.00