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COVER LETTER

	Registration Section Division of Corporations	
SUBJEC	Moecker Realty Auctions LLC	
SCHULC	Name of Limited Liability Company	
The enclo	osed Articles of Amendment and fee(s) are submitted for filing.	
Please ret	turn all correspondence concerning this matter to the following:	
	Michael Phelan	
	Name of Person	
	Michael Moecker & Associates	
	Firm/Company	
	3613 N 29th Ave	
	Address	53
	Hollywood, FL 33020	
	City/State and Zip Code	
	mphelan@moecker.com	25
	E-mail address: (to be used for future annual report notification)	- <u>1,1451</u>
For further	er information concerning this matter, please call:	長元
Mich	nael Phelan _{at} 954, 252-1560	덫퓌
	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

Moecker Realty Auctions LLC	;	
(Name of the Limited Li (A F	ability Company as it now appears on our records lorida Limited Liability Company)	<u>.</u>)
The Articles of Organization for this Limited Liabili	ity Company were filed on 02/03/2014	and assigned
This amendment is submitted to amend the followin	g:	
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	s "Limited Liability Company," the designation "LLC	
Enter new principal offices address, if applicable	:	
(Principal office address MUST BE A STREET A		55 5
		<u> </u>
		7 7
Enter new mailing address, if applicable:		$\frac{1}{2}$ ω
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	5/10/20
B. If amending the registered agent and/or r registered agent and/or the new registered office		enter the name of the new
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:		
	Enter Florida street address	
		rida
	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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member Title <u>Name</u> **Address Type of Action** Philip von Kahle 3613 N 29th Ave **MGR ■** Add Hollywood, FL 33020 ☐ Remove Jack Keith Kidwell 3613 N 29th Ave MGR **■** Add Hollywood, FL 33020 ☐ Remove ☐ Remove \square Add ☐ Add ☐ Remove

If amending any other informa	ition, enter change(s) here: (Attach addi	tional sheets, if necessary.)
FEIN 46-465	54942	
		
Effective date, if other than the The effective date must be specific, can the date this document is filed by the Fl	e date of filing: not be prior to date of receipt or filed date and cannollorida Department of State)	(optional) ot be more than 90 days after
Dated August 14	2014	
Mulet	W.	
	Signature of a member or authorized representati	ve of a member
Michael Phel		
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00