

L14000059307

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

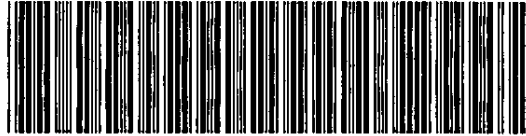
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

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J. HARRIS

Adorno-Cunill & Damas, PL

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** Also admitted in the U.S. District Court of Puerto Rico

VIA Regular Mail

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

Re: DELENI LLC DOC #L15000087688
MOON MEDIA LLC DOC. # L14000059307

Dear Registration Section

Enclosed you will find two separate amendments changing the mailing address and principal place of business for the above companies. If you have any questions please do not hesitate to call or contact me. .

Sincerely,

John Cunill

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MOON MEDIA 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:

LEIF STEFFENSEN

Name of Person

Firm/Company

5846 S. FLAMINGO RD. # 142

Address

FORT LAUDERDALE, FL 3330-3206

City/State and Zip Code

JOHN@ACDFIRM.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN CUNILL ESQ

305

381-9999

at ()

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**

MOON MEDIA 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 MARCH 27, 2014 and assigned
Florida document number L14000059307.

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 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)

5846 S. FLAMINGO RD. #142

FORT LAUDERDALE, FL. 33330-3206

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5846 S. FLAMINGO RD. #142

FORT LAUDERDALE, FL 33330-3206

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

_____, 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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25 OCT 30 11:55
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

ONLY AMENDING PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS.

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated October 19th, 2015.

Signature of a member or authorized representative of a member

LEIF STEFFENSEN

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE FLORIDA