

L14000082704

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

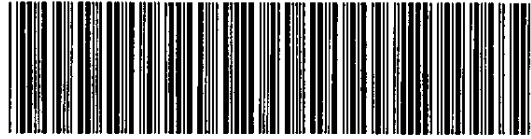
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900276435029
L14-82704
Amend

08/27/15--01015--004 *\$25.00

FILED
15 AUG 27 PM 1:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP -1 2015
N. CAUSSEAUX

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LYS MOONLIGHT 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:

ALINE DARMOUNI

Name of Person

MASSAT CONSULTING FLORIDA LLC

Firm/Company

44 WEST FLAGLER STREET, SUITE 2300

Address

MIAMI, FL 33130

City/State and Zip Code

office@mcgintl.com

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

For further information concerning this matter, please call:

ALINE DARMOUNI

305 600-4405
at () _____
Area Code Daytime Telephone Number

Name of Person

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**

LYS MOONLIGHT 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 05/21/2014

Florida document number L14000082704

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 "LLC."

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)

44 WEST FLAGLER STREET, SUITE 2300

MIAMI, FL 33130

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

FILED
15 AUG 27 PM 1:11
SOUTHERN STATE
INLAND COUNTY, FLORIDA

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> |
|--------------|-------------------|-------------------------------|--|
| MGR | MERVYN CHAN | 170 SE 14TH STREET , STE 1002 | <input type="checkbox"/> Add |
| | | MIAMI, FL 33131 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | CHAYA SUBRAMANIEN | 170 SE 14TH STREET, STE 102 | <input type="checkbox"/> Add |
| | | MIAMI, FL 33131 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | SOOKRAJ SEECHURN | 170 SE 14TH STREET, STE 102 | <input checked="" type="checkbox"/> Add |
| | | MIAMI, FL 33131 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | WENDY KONG | 170 SE 14TH STREET, STE 102 | <input checked="" type="checkbox"/> Add |
| | | MIAMI, FL 33131 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

FILED
 15 AUG 27 PM 11
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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

Multiple horizontal lines for amending information.

FILED
15 AUG 27 PM 1:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: AUGUST 24TH, 2015 (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 AUGUST 24TH, 2015

Signature of a member or authorized representative of a member

MASSAT CONSULTING FLORIDA LLC - ALINE DARMOUNI - REGISTERED AGENT

Typed or printed name of signee