

L14000127545

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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3. SOSTICK
AUG 22 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Moon Ventures 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:

Richard Morosini
Name of Person

Agent
Firm/Company

1267 Strada Milan Lane #3
Address

Naples FL 34105
City/State and Zip Code

43 genie@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Richard Morosini at (858) 888-3882
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

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TO
ARTICLES OF ORGANIZATION
OF

Moon Ventures 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 August 14/14 and assigned Florida document number L14000127545

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

_____, 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

Authorized Member 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	Richard Morosini	1267 Strada Milan Ln #3 Naples, FL 34105	☒ Add ☐ Remove
AMBR	Nathaniel Moon	3320 W. Ford Ave Las Vegas, NV 89139	☒ Add ☐ Remove
MGR	Toni Morosini	1267 Strada Milan Ln #3 Naples, FL 34105	☒ Add ☐ Remove
MGR	Mary A. Morosini	1267 Strada Milan Ln #3 Naples, FL 34105	☒ Add ☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated August 20, 2014.

Richard Morosini

Signature of a member or authorized representative of a member

Richard Morosini

Typed or printed name of signee

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Filing Fee: \$25.00

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CLERK OF THE
COURT
JUDICIAL CIRCUIT IN AND FOR
DADE COUNTY, FLORIDA