

L15000027276

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : INCORP SERVICES INC
Account Number : I20120000007
Phone : (702) 866-2500
Fax Number : (702) 866-2689

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MOON IN A DEWDROP, LLC

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COVER LETTER

H150000447543

**TO: Registration Section
Division of Corporations**

SUBJECT: MOON IN A DEWDROP, 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:

JoAnne Stefanov

Name of Person

Incorp Services, Inc.

Firm/Company

2360 Corporate Circle Suite 400

Address

Henderson, NV 89074

City/State and Zip Code

documents@incorp.com

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

For further information concerning this matter, please call:

JoAnne Stefanov

Name of Person

at **(702) 866-2500**

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 &
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(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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H150000447543

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MOON IN A DEWDROP, 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 02/12/2015 and assigned
Florida document number L15000027276.

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)

c/o Shadows of the Birds, LLC

1712 Pioneer Ave., Suite 1675

Cheyenne, WY 82001

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

c/o Shadows of the Birds, LLC

1712 Pioneer Ave., Suite 1675

Cheyenne, WY 82001

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

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.

on behalf of InCorp Services, Inc.

If Changing Registered Agent, Signature of New Registered Agent

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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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Shadows of the Birds, LLC	7855 NW 12th Street, Suite 202	<input type="checkbox"/> Add
		Doral, FL 33126	<input checked="" type="checkbox"/> Remove
AMBR	Shadows of the Birds, LLC	c/o Shadows of the Birds, LLC	<input checked="" type="checkbox"/> Add
		1712 Pioneer Ave., Suite 1675	<input type="checkbox"/> Remove
		Cheyenne, WY 82001	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

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 more than 90 days after filing.) (605.0207 (3)(b))

Dated February 20, 2015.

Signature of a member or authorized representative of a member

Joseph A. Spiriti, Jr., Esq.

Typed or printed name of signee

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Filing Fee: \$25.00

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