## 15000120674

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## **COVER LETTER**

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E SUBJECT:	BLUE MOOR	N CUSTOM BUILDERS, LI	LC				
30D31.C1		Name of Lim	ited Liability Company				
The enclosed a	Articles of Ar	mendment and fee(s) are sub-	mitted for filing.				
Please return a	ill correspond	lence concerning this matter	to the following:				
		JOHN MOON JR					
Name of Person  BLUE MOON CUSTOM BUILDERS LLC  Firm/Company  16059 VIA SOLERA CIR UNIT-101							
		Firm/Company					
		16059 VIA SOLERA CIR	UNIT-101				
		Address					
		FORT MYERS FL 33908					
		City/State and Zip Code					
		alfayer12345@earthlink.net					
		E-mail address: (	to be used for future annual report notif	ication)			
For further inf	ormation con	cerning this matter, please co	all:				
john moon jr			239 200-3533				
	Name of P	erson	at () Area Code Daytime	: Telephone Number			
Enclosed is a c	theck for the	following amount:					
■ \$25.00 Fil	ing 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

## BLUE MOON CUSTOM BUILDERS 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 $\frac{07-14-2015}{2}$ and assigned Florida document number L15000120674 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) 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

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>	Address	Type of Action
AMBR	AARON RAMEY	16059 VIA SOLERA CIR-101 FT	Add
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	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on th	e earlier
he	90th day after the record is filed.	
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Filing Fee: \$25.00