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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Monway 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:
Antonio (Monterro
Monway C UC
2424 Ravendale C+
7 <issimmee 34768<="" f="" td=""></issimmee>
E-mail address: (to be used for future annual lepor notification)
For further information concerning this matter, please call:
Antonio C. Monterro at 305 778-6138 Name of Person Name of Person Name of Person Name of Person
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)}\$\$ 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**

Moonway T(L	LC
(Name of the Limited Liability Chmpan (A Florida Limited Lia	v as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company we Florida document number 1600063833	vere filed on 3 30 201 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liability	y 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)	2424 Davendale Cf Kissimmee f 34759
B. If amending the registered agent and/or registered office address here:	
Name of New Registered Agent: New Registered Office Address:	oniv C. Monteiro + Ravendale Ct
Kis	Simmee, Florida 34758 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

Page 1 of 3

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 = M $AMBR = A$	anager uthorized Member		
Title Mgy	Luis E. Meding	Address 5702 Lincoln Au Apt C Tampar F 334	Type of Action
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Filing Fee: \$25.00