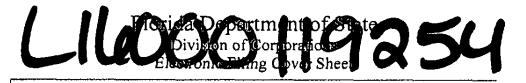
Division of Corporations

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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000264577 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

: MURAI, WALD, BIONDO, MORENO, P.A. Account Name

Account Number : 076150002103 Phone : (305)444-0101

Fax Number : (305)444-0174

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MOONRAKER PROPERTIES, LLC

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Estimated Charge	\$25.00

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Corporate Filing Menu

Help

ARTICLES OF AMENDMENT Fax Audit NO: H16000264577 3 TO ARTICLES OF ORGANIZATION

MOONRAKER PROPERTIES, LLC
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
he Articles of Organization for this Limited Liability Company were filed on JUNE 23, 2016 and assigned orida document number L16000119254
his amendment is submitted to amend the following:
. If amending name, enter the new name of the limited liability company here:
ic new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:
rincipal office address MUST BE A STREET ADDRESS)
<u> </u>
00 CT
nter new meiling address, if applicable:
falling address MAY BE A POST OFFICE BOX)
<u>. කු මීම</u>
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 uddress
Enter Floring street aggress
, Florida
Degistered Ament'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 = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	GRAHAM MORSE	140 JEFFERSON AVENUE	
		#14023	□ Remove
		MIAMI BEACH, FL 33139	□ Change
			D ∆dd
			□ Remove
			D Change
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. Effective date, if of	ther than the date of filing:	
Note: If the date inse	ther than the date of filing:	int to 605.0207 (3)(b) it be listed as the
Note: If the date inst document's effective the record specific	erted in this block does not meet the applicable statutory filing requirements, this date will no	t be listed as the
Note: If the date inside document's effective the record specific	erted in this block does not meet the applicable statutory filing requirements, this date will not date on the Department of State's records. The sea delayed effective date, but not an effective time, at 12:01 a.m. on the fiter the record is filed.	t be listed as the
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