

From:

10/26/2016 10:49

#622 P.001/004

Division of Corporations

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L16000119254
Florida Department of State
Division of Corporations
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(((H16000264577 3)))



H160002645773ABCS

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To:

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

From:

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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: JGrobeIny @mubm.com

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

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TALLAHASSEE, FLORIDA

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Corporate Filing Menu

Help

From:

10/26/2016 10:49

#622 P.002/004

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Fax Audit NO: H16000264577 3

MOONRAKER PROPERTIES, 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 JUNE 23, 2016 and assigned
Florida document number L16000119254.

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

City

Florida

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

From:

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

Fax Audit NO. 11100002645775

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	GRAHAM MORSE	140 JEFFERSON AVENUE	<input type="checkbox"/> Add
		#14023	<input type="checkbox"/> Remove
		MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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16 OCT 26 AM 8:51

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#622 P.004/004

Ref: **Tax Audit NO: H16000264577 3**

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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated OCTOBER 25, 2016

Signature of a member or authorized representative of a member

GRAHAM MORSE, Manager

Typed or printed name of signee