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.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

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

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

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.

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

Certificate of Status 0 Certified Copy Page Count 04 Estimated Charge \$25.00

S. YOUNG

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ARTICLES OF AMENDMENT TO * ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liability (A Florida Li | Company as it now appears on our records.) imited Liability Company) | | |
|--|--|--------------------------|--|
| The Articles of Organization for this Limited Liability Con Florida document number L16000119254 | mpany were filed on 06/23/2016 | and assigned | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited | d liability company here: | | |
| The new name must be distinguishable and contain the words "Limited Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRES) | | ne abbreviation "L.L.C." | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | 16 OCT 28 | |
| B. If amending the registered agent and/or registere registered agent and/or the new registered office address | | er the name of the ne | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | Enter Florida street address | | |
| | . Florida | | |
| | City | Zin 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 I of 3

_D Change

| It amending Authorized Person(s) authorized to manage | enter the title, na | ame, and address | of each person | being added |
|---|---------------------|------------------|----------------|-------------|
| or removed from our records: | | | | |

MGR = Manager AMBR = Authorized Member Title . Name Address Type of Action ...□ Add _ 🗆 Remove □ Change _ 🗖 Add Remove _ Remov _ Change 🧖 _□ Add _□ Remove ☐ Change _□ Add _□ Remove _ Change bbA □_ _□ Remove

Page 2 of 3

| FEI / EIN Number for Moonraker Properties, LLC is 36-4846007 | | |
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| Tective date, if other than the date of filing: | (optional) | Ö |
| an effective date is listed, the date must be specific and cannot be prior to date of filing or more offic. If the date inserted in this block does not meet the applicable statutory filing recument's effective date on the Department of State's records. | than 90 days after filing.) Pursuant to 605.02 | 20 7(3) (b) as the |
| record specifies a delayed effective date, but not an effective time. The 90th day after the record is filed. | e, at 12:01 a.m. on the earlier | of: |
| ted October 24. | | |
| galon (hour- | | |
| Signifure of a member or authorized representative of a | | |
| Graham Morse C+RAHAM MOK | 4>⊂ . | |

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