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(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

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08/04/16--01010--003 **25.00

AUG 0 5 2016 S. YOUNG STORETARY OF ETAILS

COVER LETTER

Name of Limited Liability Company and fee(s) are submitted for filing. erning this matter to the following:
and fee(s) are submitted for filing.
ming this mater to the following.
odriguez
Name of Person
oon Insurance, LLC.
Firm/Company
Firm/Company 40th ST Suite 650 Address L 33155 City/State and Zip Code rightmooninsurance.com
Address Address
L 33155 City/State and Zip Code
City/State and Zip Code
rightmooninsurance.com
E-mail address: (to be used for future annual report notification)
s matter, please call:
786 325-4305 at ()
Area Code Daytime Telephone Number
amount:
Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
ESS: STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bright Moon Insurance, LLC. (Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 07/25/2016	and assigned
Florida document number L16000139663		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
Bright Moon Insurance Agency, LLC.		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or th	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7480 SW 40th ST Suite 650	
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33155	-
		里 空高
		5 T
Enter new mailing address, if applicable:	7480 SW 40th ST Suite 650	- 1.K
(Mailing address MAY BE A POST OFFICE BOX)	Miami, FL 33155	- 17 () · · · · · · · · · · · · · · · · · ·
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		<u> </u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent:		ter the name of the ne
Non-Project 1 Office Address		
New Registered Office Address:	Enter Florida street address	
	, Florida	1
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	
I hereby accept the appointment as registered agent and ag	ree to act in this capacity. I further	agree to comply with t

If Changing Registered Agent, Signature of New Registered Agent

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 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
			Add
			□ Remove
			□ Change
			□ Remove
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ective date, if other than the a effective date is listed, the date mute: If the date inserted in this beament's effective date on the E	t be specific and cannot be prior to date of filing ock does not meet the applicable statutory	(optional) gor more than 90 days after filing.) Pursuant to 605.02 filing requirements, this date will not be listed a
record specifies a delaye he 90th day after the rec		ve time, at 12:01 a.m. on the earlier
ed August 1st	2016	
	77.	
	Signature of a member or authorized represent	tative of a member

Page 3 of 3

Filing Fee: \$25.00