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| (Address) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

| Date: 08/3 | 30/2019 | | |
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| | Merritt Walker | | |
| | 1123820 | | |
| | МС | OON ORBIT LLC | |
| | | ation to Transact Business | |
| ✓ Amendme | nt | | 2019 |
| ☐ Change of | Agent | | 75 |
| Reinstaten | ment | | . 30 |
| Conversion | n | | F: |
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+44 (0)20.3961.3080

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MOON ORBIT 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 November 23, 2016 and assigned Florida document number L16000214708 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) S B. If amending the registered agent and/or registered office address on our records, enter the name of the n registered agent and/or the new registered office address here: N/A Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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

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

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|------------------------|-----------------------------|------------------|
| Member | Cosco Estates Inc | OMC Chambers Wickhams Cay 1 | |
| | | Road Town, Tortola | □ Remove |
| | | British Virgin Islands | □ Change |
| MGR | Sofia Novella Harrison | 1680 Michigan Avenue | □ Add |
| | | #700 | □ Remove |
| | | Miami Beach, FL 33139 | ■ Change |
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| ective date, if other than the date of filing: effective date is listed, the date must be specific and cate: If the date inserted in this block does not menument's effective date on the Department of Sta | et the applicabl | date of filing or n le statutory filin | ore than 90 day g requiremen | (optional is after filin is, this dat | l) g.) Pursuan e will not | t to 605 0 be listed |
| | te, but not a | n effective t | ime, at 12 | :01 a.m. | on the | earlier |
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| record specifies a delayed effective dal he 90th day after the record is filed. | 2019 / Noue | Îla | | | | |
| he 90th day after the record is filed. | 2019 / Noue | Local representative | of a member | | | |

Page 3 of 3

Filing Fee: \$25.00