# L16000321271

(Requestor's Name)	
(Address)	
(Address)	
(National)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAII	·
(Business Entity Name)	
(Decree of Number)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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2017 JAN -3 PM 2: 36
SECRETARY OF STATE

K. SALY JAN -5 2017



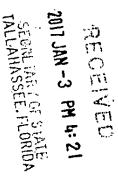
## FLORIDA DEPARTMENT OF STATE Division of Corporations

December 21, 2016

ALAN M. STEIN ACCOUNTING & TAX SERVICE, INC. ALAN M. STEIN 3930 SR 64 EAST BRADENTON, FL 34208

SUBJECT: ARIES MOON MANAGEMENT, LLC

Ref. Number: L16000221279



We have received your document for ARIES MOON MANAGEMENT, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 316A00027141

#### **COVER LETTER**

то:	Registration Sec Division of Corp			
SUBJEC		Management, LLC		
		Name of Limit	ted Liability Company	
		mendment and fee(s) are subn		
Please re	eturn all correspon	dence concerning this matter to	o the following:	
		Alan M. Stein		
		<del></del>	Name of Person	
		Alan M. Stein Accounting &	& Tax Service, Inc.	
			Firm/Company	
		3930 SR 64 East		
·			Address	
		Bradenton, FL 34208		
			City/State and Zip Code	
		SteinAccounting@yahoo.com	m o be used for future annual report notificat	ion)
For first	var information as	ncerning this matter, please ca	·	ion,
		ncerning this matter, please ca		
Alan M			941 749-5364 at () Area Code Daytime Te	
	Name of	Person	Area Code Daytime Te	Icphone Number
Enclose	d is a check for the	e following amount:		
□ \$25.	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed).	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2017 JAN - 3 PM 2: 36

ALL AHASSEE, FLORIS

Aries Moon Management, 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 L12/06/2016 and assigned Florida document number L16000221279

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 "LLC."

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 Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

, Florida

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
MGRM	Moore, Alan M, JR	700 Duncan Rd S. E.	☐ Add
		Palm Bay, FL 34909	Remove
			☐ Change
MGRM	Moore, Michael, Jr	700 Duncan Rd S. E	<b>55</b> /Add
		Palm Bay, FL 34909	☐ Remove
		<del> </del>	Change
*			Add To Add
			Remove A Change
			ASA Change 2: 36  Remove
			Change
			□ Remove
			☐ Change
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Note: If the	ate, if other that date is listed, the d date inserted in effective date on	this block does	not meet the	applicable					
	specifies a de n day after th			out not an	effective	time, at 12	:01 a.m.	on the ea	rlier of:
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Dated Dece	Mich	all L	/ M	COL (	depresentativ	e of a member			•
Dated	Michael H. Moor	all de Signature	1 M e of a member	or authorized	representativ	e of a member			-

Page 3 of 3

Filing Fee: \$25.00