

46000221271

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2017 JAN -3 PM 2:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

RECEIVED  
2017 JAN -3 PM 4:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Aries Moon Management, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alan M. Stein

\_\_\_\_\_  
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

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alan M. Stein

941

749-5364

at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the 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**

Aries Moon Management, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

**FILED**  
2017 JAN -3 PM 2:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 12/06/2016 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 "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*

\_\_\_\_\_, Florida \_\_\_\_\_  
City 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

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>	<u>Address</u>	<u>Type of Action</u>
MGRM	Moore, Alan M, JR	700 Duncan Rd S. E.	<input type="checkbox"/> Add
		Palm Bay, FL 34909	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Moore, Michael, Jr	700 Duncan Rd S. E	<input checked="" type="checkbox"/> Add
		Palm Bay, FL 34909	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE, FLORIDA

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) **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.

Dated December 27, 2016

Michael H. Moore Jr.

Signature of a member or authorized representative of a member

Michael H. Moore, Jr

Typed or printed name of signee