

04/19/2019 08:45 PARASEC

FAX 916 576 7010

P.031/004

4/19/2019

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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Fax Number : (800)603-5868

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Email Address: RLOPS@PARASEC.COM

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

19 APR 19 AM 3:59

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
GINGER ROOT LLC**

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|-----------------------|---------|
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Corporate Filing Menu

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K. SALY

APR 22 2019

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

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19 APR 19 AM 3:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

GINGER ROOT 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 07/21/2017 and assigned
Florida document number L17000156725

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

2 Libra Moons LLC

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> |
|--------------|-------------|----------------|---------------------------------|
| _____ | _____ | _____ | <input type="checkbox"/> Add |
| | | _____ | <input type="checkbox"/> Remove |
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CLERK OF DISTRICT COURT
HILLSBORO, OREGON

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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U.S. DISTRICT COURT
SOUTHERD DISTRICT
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(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.

(b) The 90th day after the record is filed.

Dated APRIL 13, 2019.

APR 15, 2019
 Rebecca J. Ober
 Signature of a member or authorized representative of a member

Rebecca Johnson

Typed or printed name of signee