

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6383

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From:

Account Name : MMXVII'CONSULTING LLC

Account Number : I20170000085 Phone : (954)736-7418 Fax Number : (786)916-3913

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: MMXVIICONSULTING@GMAIL.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MOSKAYTOWER LLC

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Electronic Filing Menu — Corporate Filing Menu

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SUBJEC		MOSKAYT	OWER LLC	·		
30130150			Name of Limi	ited Liability Company		
			amendment and fee(s) are sub-			
		·	IAN PERCHIK	-		
			MMXVII CONSULTING	Name of Person		
				Firm/Company	,	
			2625 WESTON ROAD - S	SUITE D		
				Address		
			WESTON, FLORIDA 333	31		2018 TALL
			MMXVIICONSULTING@			HAR 16
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IAN PE	RCH	ΊΚ		954 7 at () _	736-7418	02.02 02.02
		Name of	Person	Area Code	Daytime Telepho	ne Number
Enclosed	d is a	check for the	e following amount:			
\$25.	.00 Fi	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is a		\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
		MAJLE	NG ADDRESS:	STRE	ET/COURIER ADI	DRESS:

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

Registration Section
Division of Corporations

Cliffo Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION (((H18000085710 3)))

MOSKAYTOWER LLC		
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar Florida document number L18000003285	ny were filed on 01/04/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia Enter new principal offices address, if applicable:	bility Company," the designation "LLC" or t	he abbreviation "L.L.C."
(Principal office address MUST BE A STREET ADDRESS)		<u>. </u>
Enter new mailing address, if applicable:	7	. 2
(Mailing address MAY BE A POST OFFICE BOX)		33
B. If amending the registered agent and/or registered registered agent and/or the new registered office address by Name of New Registered Agent:	office address on our records, en	nieri the name of the nev
New Registered Office Address:		
	Enter Florida street address	
	Cop. , Florid	aZip 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

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(((H180000857103)))

if amending Authorized reison(s) authorized to manage, enter the due, name, and address of each person ocing added or removed from our records:

112.1

MGR = Manager AMBR = Authorized Member $((({\rm H}18000085710\;3)))$

Title	Name	Address	Type of Action
MGR	FEIGELMAN, MARIA INES	2625 WESTON ROAD	
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		WESTON, FLORIDA 33331	Change
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Signature of a member or authorized representative of a member					
Signature of a member or authorized representative of a member					
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MARIA INES FEIGEL!/AN	Typed or printed name of	siunee			

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Filing Fee: \$25.00