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SEP 03 2019 S. YOUNG

COVER LETTER

Division of Co	rporations		
Moonlight SUBJECT:	Partners, LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Maria R. Pizzino		
	Moonlight Partners, LLC	Name of Person	
	9560 Trevi Court, Unit #41	Firm/Company	
	Naples, FL 34113	Address	
	MariaPizzino@gmail.com	City/State and Zip Code to be used for future annual report no	uttentions
For further information of	concerning this matter, please c	·	incación)
Maria R. Pizzino		330 351-4601 at ()	
Name (of Person	Area Code Dayti	me Telephone Number
Enclosed is a check for t	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)
MAII	JNG ADDRESS:	STREET/COU	RIER ADDRESS:

TO:

Registration Section

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

Division of Corporations Clifton Building

Registration Section

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		<u>~</u>
Moonlight Partners, LLC		2 A A
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)	6 22
The Articles of Organization for this Limited Liability	Company were filed on January 30, 2018	and assigned
Florida document number L18000027200	·	# 15
This amendment is submitted to amend the following:		β
A. If amending name, enter the new name of the lin	mited liability company here:	
Gulf Coast Paradise Homes LLC		
The new name must be distinguishable and contain the words "Li	imited 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 ADD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		er the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Emer Cauriaa Sirve (aaaress	
	, 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>	Address	Type of Action
AMBR	Phillip W. Hazlitt	9560 Trevi Court, Unit #4811 Naples, FL 34113	
			■ Remove
			Change
			☐ Remove
			☐ Change
			☐ Remove
			□ Change
			Remove
			□ Change
	-		
		□ Remove	
		Change	
			Add
			□ Remove
			□ Change

	y other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
 	
	
<u>_</u>	
	
ffactiva data i	9/1/2019 flother than the data of filings (antional)
iote: If the date	f other than the date of filing: (optional) s 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 inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as tive date on the Department of State's records.
	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of y after the record is filed.
ated August 20	2019
	Signature of a member of authorized representative of a member
Maria	R. Pizzino
Simila —	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00