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(Requestor's Name) (Address)	000329028430
(Address) (City/State/Zip/Phone #)	000329020430
PICK-UP WAIT MAIL	orva≎/1961887617 *†25.08
(Business Entity Name)	05/08/19-−01007-−017 *+25.00
(Document Number) Certified Copies Certificates of Status	2019
Special Instructions to Filing Officer:	-8 Hilli: 59
Office Use Only	Amend
	MAY 1 8 2019 I ALBRITTON

COVER LETTER

TO: Registration Section Division of Corporations

loney Green LLC SUBJECT:

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

Please return all correspondence concerning this matter to the following:



For further information concerning this matter, please call:

Enclosed is a check for the following amount:

\$25.00 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 A TO ARTICLES OF OF OF	
Money Gree (Name of the Limited Liability Company (A Florida Limited Liability Company w Florida document number <u>L 18000048744</u> .	y <u>as if now appears on our records.</u>) ability Company)
This amendment is submitted to amend the following: A. If amending name, <u>enter the new name of the limited liabil</u> The new name must be distinguishable and contain the words "Limited Liabilit	
Enter new principal offices address, if applicable:	
<u>(Principal office address MUST BE A STREET ADDRESS)</u>	
Enter new mailing address, if applicable: <u>(Mailing address MAY BE A POST OFFICE BOX)</u>	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our records, <u>enter the name of the new</u>

Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	\$\$
	, Fl	orida 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 owned are a compared from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	<u>Type of Action</u>
AMBR	Khalil Murat	701 SW 134+n terr APT 102 Miramar, FL 330	Add
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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated	March 2. 2019.	
	Maria El la	
	Signature of a member or authorized representative of a member	
	Roy Edwards	
	Typed or printed name of signee	

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Filing Fee: \$25.00