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FILEO SECRETARY OF STATE TALLAHASSEE. FLORIDA

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: MOOK'S MANAGEMENT SERVICES UC 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:	
REGIA E BIASCO Name of Person	
MOOK'S MANAGEMENT SETLUICES LLC Firm/Company	
2805 SHOREVIEW DRIVE #3	
NAPLES FL 34112 City/State and Zip Code	
Janelle Co Great vacations mg. com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
REGIA E BIASCO at 954, 214-6444 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee. Certified Copy (additional copy is enclosed)	
MAILING ADDRESS: STREET/COURIER ADDRESS:	

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

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mooks Maragemen	it Seri	11CES	LUL			
(Name of the Limited (A	Liability Company	y as it now app	ears on our	records.)		
(A	Florida Littilled Lit	romy Compan) '	1		
The Articles of Organization for this Limited Liab			_3	9/18	and assi	gned
Florida document number <u>L18000</u>	762642		·			
- National Manager						
This amendment is submitted to amend the follow	ing:					
		٠.	_			
A. If amending name, enter the new name of the	he limited liabili	ty company	<u>here</u> :			
The new name must be distinguishable and contain the word	ds "Limited Liabilit	y Company." th	ie designatio	in "LLC" or the ab	breviation "L.I	C."
Enter new principal offices address, if applicab	Jor					
• •						
(Principal office address MUST BE A STREET	<u>ADDRESS)</u>	 				- E
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Enter new mailing address, if applicable:					0	SE RELE
					 	
(Mailing address MAY BE A POST OFFICE BO	<u> </u>				ట్ల_	<u> </u>
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B. If amending the registered agent and/or	registered offi	ce address	on our r	ecords, enter	the name o	of the new
registered agent and/or the new registered office	<u>e address here</u> :					
	•					
Name of New Registered Agent:	REGIA	3	Blas	CD		
Name (A New Regimered Regim.				_	117	
New Registered Office Address:	2805 5				<u> #ン</u>	
		Enter l	Florida stree	t address		
	NA PLE	5		. Florida	3411.	2_
		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 = Mar $AMBR = Aut$		oer							
<u>Title</u>	<u>Name</u>			Address					Type of Action
MGR	REGIA (E. Blasc	<u>: 0</u>	1805 SI NA PLES	PL FL	n DA	LIVE #	43	Add
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Processi	en as	Rt61A	, ع	KQJAJ				\leftarrow	Change
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lf an effec <u>Note:</u> H	e date, if other than the date of filing:
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o Oth day after the record is filed.
	2250/ 2222
	23 st MARCH 2018.
	Signature of a mainber or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00