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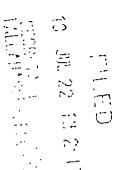
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COVER LETTER

TO:	Registration S Division of Co			
er (b. 1127	MOONDI	CK, LLC		
SUBJE	-1: <u> </u>	Name of Lim	ited Liability Company	
		f Amendment and fee(s) are sub		
Please re	eturn all corresp	ondence concerning this matter	to the following:	
		Derek Capo		
			Name of Person	
		MOONDICK, LLC		
			Firm/Company	
		80 SW 8th Street, suite 200	00	
			Address	
		Miami, FL 33130		
		cointechconsulting@gmail.c	City/State and Zip Code	
		E-mail address: (to be used for future annual report notifi	cation)
For furth	er information	concerning this matter, please ca	all:	
Angie C			at (_305)496-7304	
	Name	of Person	Area Code Daytime	Telephone Number
Enclosed	l is a check for	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)

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 AMENDMENT TO ARTICLES OF ORGANIZATION OF

MOONDICK, LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar	ny were filed on and assig	ned
Florida document number L18000184837		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liz	ability company here:	
MOONGEAR, LLC		
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or the abbreviation "L.L.	C."
Enter new principal offices address, if applicable:	80 SW 8TH STREET SUITE 2000 MIAMI, FL 33130	
(Principal office address MUST BE A STREET ADDRESS)		
		· · i
Enter new mailing address, if applicable:	22	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	in the second se	`
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	<u> </u>	
B. If amending the registered agent and/or registered		the r
registered agent and/or the new registered office address he	ere:	
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>	Type of Action
AREP	ANGIE CAPO	80 SW 8th St., Suite 2000, Miami, FL 33130	≣ Add
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Signature of a member or authorized representative of a member	Signature of a member or authorized representative of a member	Dated	July 5 . 2019
Signature of a member or authorized representative of a member	Signature of a member or authorized representative of a member		
			Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00