# 118000236898

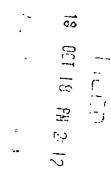
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Certified Copies	_ Certificates	s of Status
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# **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT:	Malabar Pr Name of Limi	oducts LLC	<u>.</u>
		. , .	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for tiling.	
Please return all correspon	dence concerning this matter	to the following:	
	Phillip	J Moore Name of Person	. <del></del>
	Malabar	Products LL	<u>C</u>
	495 Sta	n Dr Suite	103
	Melbourne	FL 3290L City/State and Zip Code	1
	Pmoore 032 E-mail address: (t	769mail.com	ration)
For further information co	ncerning this matter, please ca	ill:	
Philip Mame of	Person	at (321) 990- Area Code Daytime	-9246 Telephone Number
Enclosed is a check for the	tollowing 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

Malabar Production (Name of the Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Plorida document number <u>L18000236898</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	9
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	office address on our records, enter the name of the new
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

Title	<u>Name</u>	Address	Type of Action
MGR	Phillip J Moore	495 Stan Dc Suite 103	Add
		495 Stan Dr. Suite 103 Melbourne, FL 32904	Remove
			Change
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			□ Remove
		<u> </u>	Change
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f an effective date is liste <b>Note:</b> If the date inser		and cannot be prior to date it meet the applicable st	of filing or more than 90 days atutory filing requirement		
	s a delayed effective ter the record is filed		effective time, at 12:	01 a.m. on t	he earlier o
Dated Octobe	er 16th	2018			
	Signature (1	a member or authorized i	representative of a member		
		Typed or printed nam			

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Filing Fee: \$25.00