118000250958

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Tallahassee, FL 32314

TO: Registration Section of Corp					
SUBJECT:	Marray On	inst Liability Company			
4	Name of Lim	ited Liability Company			
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.			
Please return all correspon	dence concerning this matter	to the following:			
	Tahl	1a Hytton			
		Name of Person	- 		
	<u></u>	caray One Min	d L.L.C.		
	715 S.	W. 148 bave unt	+ 604		
	Da	VH FL 33375 City/State and Zip Code	<u> </u>		
		•			
	E-mail address: (hy Hone yahoo . Com	itication)		
For further information co	neerning this matter, please co	all:			
Tania	Hy Hon	at (<u>984</u>) <u>493</u> Area Code Daytin	3- 3/93		
Name of	Person	Area Code Daytin	ne Telephone Number		
Enclosed is a check for the	e following amount:				
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(1) \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
<u>Mailing Address</u> Registration S		<u>Street Address:</u> Registration Se	ection		
Division of Co		Division of Corporations			
P.O. Box 6327	7	The Centre of			
Tallahassee, F	L 32314	2415 N. Monro	oe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mooray One Mino	LUC.	
(<u>Name of the Limited Liability (</u> A Florida Li	Company as it now appears on ou mited Liability Company)	r records.)
The Articles of Organization for this Limited Liability Con Florida document number <u>L 18000250958</u>	npany were filed on $\frac{\sqrt{f}}{f}$	4/2020 Find assigned
This amendment is submitted to amend the following:		mer 7
A. If amending name, enter the new name of the limite		PH 12: 07
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRE.	N/A	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records	, enter the name of the new registered
Name of New Registered Agent:	1/AA	
New Registered Office Address:	Enter Florida stre	et address
		, Florida
	City	, Florida 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 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>	Name	Address	Type of Action
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Note: If	e date, if other the date is listed, the fithe date inserted in it's effective date of	i this block doe:	s not meet the	applicable stati	filing or more th atory filing req	(optio an 90 days after (uirements, this	nal) iling.) Pursuant date will not l	to 605.020 be listed a
e record ; rd is filec	specifies a delayed d.	effective date. b	out not an effec	ative time, at 11	2:01 a.m. on th	e earlier of: (b)	The 90th da	y after th
Dated _	5/14/2020		·	·				
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	<u> </u>	Signalu	e of a member of	or authorized rep	resentative of a	nember		_
	Tan							

Filing Fee: \$25.00