L19000100058

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Division of Co			•
SUBJECT: 210	MOONSTONE R	COAD, LLC	20
	Name of Lin	mited Liability Company	20 828-6
The analoged Articles o	f Amoundment and Ga(a)	haira to organi	ే
The enclosed Afficies o	f Amendment and fee(s) are su	dmitted for filing.	
Please return all corresp	ondence concerning this matter	r to the following:	
	GINA	Ochoa	
		Name of Person	
		Firm/Company	
	114 BARE	FOOT COVE	
		Address	
	_ HYPOLUX	O, FL 33462 City/State and Zip Code	
		City/State and Zip Code	
	gina och o	a 66 @ gmail. com	fication)
For further information of	concerning this matter, please c		
GINA O	сноа	561 227	1042
	f Person	at (<u>561</u>) <u>827</u> - Area Code Daytim	c Telephone Number
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□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	△ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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Division of C	orporations	Division of Cor	

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

ARTICLES OF TO TO ARTICLES OF O O	O PRGANIZATION
210 MOONSTONE ROAD (Name of the Limited Liability Compa (A Florida Limited L	D, LIC 多篇
The Articles of Organization for this Limited Liability Company Florida document number <u>L19000100058</u> .	were filed on OH/11/2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liability and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and Contain the Words "Liability and Contain the Words" and	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)	
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 office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:	N/A
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 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>	Address	Type of Action
AMBR	GINA OCHOA	114 BAREFOOT COVE	□Add
		HYPOLUXO, FL 33462	⊠ Remove
		·	🗆 Change
MGR	GINA C. OCHOA, Trustee of the	114 BAREFOOT COVE	(5 /Add
	GINA C. OCHO A REVOCAC LIVING TRUST DATED	BLE HYPOLUXO, FL 33462	□Remove
	1-29-2020		□Change
	······		□Add
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Effect (If an ef	ive date, if other than the date of filing:
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
docun	ent's effective date on the Department of State's records.
he recoi	d 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
ord is fi	ed.
Dated	61/29, 2020.
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Typed or printed name of signee