LZO 000008508

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10/20/20--01020--026 **30.00

LA. 11/25/20

COVER LETTER

COLOR DES COM	Realty LLC		
SUBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Mojgan Styner		
	**************************************	Name of Person	
	Moonstone Realty LLC		
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	2217 SE 2nd Terrace		
		Address	
	Cape Coral, FL 33990		
		City/State and Zip Code	
	mojganstyner@gmail.com		
		to be used for future annual report notif	neation)
For further information c	oncerning this matter, please c	all:	
Mojgan Styner		239 878-0381 at ()	
Name o	f Person		e Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fce & 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 Addres	<u>ss:</u>	Street Address:	

Registration Section Division of Corporations P.O. Box 6327

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Moonstone Realty LLC		
(Name of the Limited L (A F	iability Company as it now appears on our records forida Limited Liability Company)	<u>.</u>)
The Articles of Organization for this Limited Liabil		and assigned
Florida document number 20000008508	·	
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	:	
(Principal office address MUST BE A STREET A.	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>	
B. If amending the registered agent and/or registagent and/or the new registered office address he		the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·	
	Enter Florida street address	
_	, Flo	rida
_	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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of A
MGR	Mojgan Styner	2217 SE 2nd Ter. Cae Coral FL 33990	= Add
		· · · · · · · · · · · · · · · · · · ·	□ Remov
			■ Change
			□ Add
			□Remove
			Change
			□Add
		-	Remove
			Change
			□Add
			□Remove
			Change
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			Remove
			Change
			□Add
			Remove
			Change

E. Effec	effective date, if other than the date of filing: 10/15/2020 (optional)
Note	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
docu	ment's effective date on the Department of State's records.
	ord 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
ecord is	filed.
	d 10/17/2020
Date	

TTT .. C. . COF OO