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COVER LETTER

TO:

Registration Section

Divis	sion of Cor	porations		
SUBJECT:	8827 Moor	ilit Meadow Loop, LLC		
SOBJECT:		Name of Lin	nited Liability Company	<u> </u>
The enclosed .	Articles of	Amendment and fee(s) are sub-	omitted for filing.	
Please return a	all correspo	ondence concerning this matter	to the following:	
		Mary Lisa Williams		
			Name of Person	
		Anderson Business Adviso	OFS	
			Firm/Company	
		3225 McLeod Drive, Suite	2 100	
			Address	 _
		Las Vegas, NV 89121		
		-	City/State and Zip Code	
		ra@andersonadvisors.com	to be used for future annual report noti	Cooking
For further info	ormation c	oncerning this matter, please c	·	neagony
Mary Lisa Wi	lliams		800 706-4741	
	Name of	f Person	at () Area Code Daytim	e Telephone Number
Enclosed is a c	heck for th	e following amount:		
□ \$25.00 Fil	ing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	 \$60.00 Filing Fee, Certificate of Status & Certified Copy tadditional copy is enclosed)
Regi: Divis P.O.	ng Address stration S sion of Co Box 632 hassee, F	ection orporations 7	Street Address: Registration Sec Division of Corp The Centre of T 2415 N. Monroo Tallahassee, FL	porations allahassee : Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

8827 Moonlit Meadow Loop, LLC					
(<u>Name of the Limited Liability Con</u> (A Florida Limite	npany as it now appears on our record ed Liability Company)	<u>s.</u>)		_	
The Articles of Organization for this Limited Liability Compa $\frac{1.21000282929}{}$.	my were filed on 06/17/2021		and	assigned	i
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited li	iability company here:				
8837 Moonlit Meadows Loop, LLC					
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC	or the shi	bre H tion	r"L.L.C."	
Enter new principal offices address, if applicable:		<u>ER</u>	A	1 4	
Principal office address MUST BE A STREET ADDRESS)).A.	ω	CHL ESS CHL ESS	
		7.7.X	-	; ************************************	1
		m ^m	IK.		
Enter new mailing address, if applicable:		四氢		"Algor"	ļ
Mailing address MAY BE A POST OFFICE BOX)	**	तरां	01		
Framing address SIAT BL ATOM OFFICE BOAT		**			
					—
3. If amending the registered agent and/or registered officingent and/or the new registered office address here:	ce address on our records, <u>enter</u>	the nam	e of the	new reg	<u>iste</u>
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street addres				
	. Flo	orida			
	City		Zip Co	rde	

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
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			Change
			□Add
			□Remove
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fective date, if other than the neffective date is listed, the date in this lead in this lead on the l	block does not meet tr	ie applicable.	te of filing or mo	(o) re than 90 days a requirements,	otional) fter filing.) P this date wi	Pursuant ill not b	to 605,020 e listed :
ecord specifies a delayed effecti is filed.	ive date, but not an eff	fective time, a	nt 12:01 a.m. o	the earlier of:	(b) The (90th day	after th
ted August 19 May Sou Willa	. 200	21					
	Z						
May Swilla	Signature of a member						