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10/28/21--01006--022 **25.00



COVER LETTER

SUBJECT: Moone CAPITAL INVESTMENTS LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Lowell Moone Name of Person Moone Business, LLC Firm/Company	
Please return all correspondence concerning this matter to the following:	
Lowell Moore Name of Person Moore Business, LLC Firm/Company	
MOONE BUSINESS, LLC Firm/Company	
$7/\sqrt{2}$	
7610 AUTUMNI PINES DR. Address	
OR/ANDO FL. 32822 City/State and Zip Code	
F-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Lawe of Person at (407) 453-0075 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Certificate of Status Certificate of Status	

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:
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**

FILED

MOORE CAPITAL	LNUESTM	FW 2021 027/28, PH 3: 20		
Moore Capital (Name of the Limited Liability Com (A Florida Limited) The Articles of Operation Could be in the Company of the Company of the Company of the Country of th	pany as it now appear d Liability Company)	SECRETARY OF STATE		
The Articles of Organization for this Limited Liability Compan	w were filed on C	PCTOBER 4 2021 and assigned		
Florida document number <u>L21000433640</u>	<u></u>	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company he	<u>re</u> :		
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the de	signation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	······································			
(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 office agent and/or the new registered office address here:	address on our re	cords, enter the name of the new registered		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Flori	Enter Florida street address		
	City	Florida		
New Registered Agent's Signature, if changing Registered Agent	•	Zip Code		
hereby accept the appointment as registered agent and ag		angeity. I fourther gaves to many 1 - 11 - 1		

N

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Jesselyn Moore	7610 AUTUMN PINES DR.	•Add
	,	7610 AUTUMN PINES DR. ORLANDO FI 32822	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			🗆 Remove
			□Change
			□Add
			□Remove
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			Пстюче
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: OCTOBER (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. Signature of a member or authorized representative of a member