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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Moroco Newmark Mining Campany 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:
Scott Newmark Name of Person
Moroce Newmerk Mining Company LLC
4585 Island Reef Drive
Wellington, FL 33449 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
CCGO MOSOCO at (954) 661-4547 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

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**

Mosocu Newma (Name of the Limited Liab (A Flor	CLY K MANGE C pillity Company as it now appears on co rida Limited Etability Company)	om Pany LLC	
The Articles of Organization for this Limited Liability Florida document number <u>L2/0cc 48</u> 4/6	Company were filed on Nov	19200 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company here:		
The new name must be distinguishable and contain the words "L	i di Calabara	vion 211 C ⁰ or the abbreniation 21 1 C 2	_
the new name must be distinguishable and contain the words. L	inited Diability Company, the designa	mon bee of the housevisition times.	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADI	DRESS)	i i i i i i i i i i i i i i i i i i i	
		<u></u>	"
		in in the second se	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		FA :	
		<u>г</u> Р	_
B. If amending the registered agent and/or register agent and/or the new registered office address here		is, enter the name of the new regis	tered
Name of New Registered Agent:	<u> </u>		-
New Registered Office Address:		****	
	Enter Florida st	reet address	
		, Florida	
	City	Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

x /1

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>	Name	<u>Address</u>	Type of Action
AMBR	Daniel Moroco	4585 Island Reel Dr	🗆 Add
		Wellington, FL 33449	Remove
			Change
MGR	Carol Moroco	45.85 Is/cad Ree/ D/	
		Wellington, Fl 33449	□Remove
			Change
A <u>MB</u> R	Andrew Moraco	3236 SW Avalus	□Add
		Way #502	□Remove
		Sealtle, WA 98126	Change
			□Add
			□Kemove
			□Change
			□Add
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Filing Fee: \$25.00