

L21000484163

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

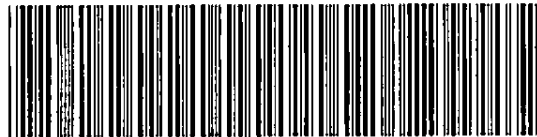
(Business Entity Name)

(Document Number)

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APR 21 PM 4:11  
CLERK OF STATE  
TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Moroco Newmark Mining Company 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

Moroco Newmark Mining Company LLC  
Firm/Company

4585 Island Reef Drive  
Address

Wellington, FL 33449  
City/State and Zip Code

Smnewmark@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carol Moroco at ( 954 ) 661-4547  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee      ☐ \$30.00 Filing Fee & Certificate of Status      ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)      ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (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

Moroco Newmark Mining Company LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

**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>   | <u>Address</u>       | <u>Type of Action</u>                      |
|--------------|---------------|----------------------|--------------------------------------------|
| AMBR         | Daniel Moroco | 4585 Island Reef Dr  | <input type="checkbox"/> Add               |
|              |               | Wellington, FL 33449 | <input checked="" type="checkbox"/> Remove |
|              |               |                      | <input type="checkbox"/> Change            |
| MGR          | Carol Moroco  | 4585 Island Reef Dr  | <input type="checkbox"/> Add               |
|              |               | Wellington, FL 33449 | <input type="checkbox"/> Remove            |
|              |               |                      | <input checked="" type="checkbox"/> Change |
| AMBR         | Andrew Moroco | 3236 SW Avalon       | <input type="checkbox"/> Add               |
|              |               | Way #502             | <input type="checkbox"/> Remove            |
|              |               | Seattle, WA 98126    | <input checked="" type="checkbox"/> Change |
|              |               |                      | <input type="checkbox"/> Add               |
|              |               |                      | <input type="checkbox"/> Remove            |
|              |               |                      | <input type="checkbox"/> Change            |
|              |               |                      | <input type="checkbox"/> Add               |
|              |               |                      | <input type="checkbox"/> Remove            |
|              |               |                      | <input type="checkbox"/> Change            |
|              |               |                      | <input type="checkbox"/> Add               |
|              |               |                      | <input type="checkbox"/> Remove            |
|              |               |                      | <input type="checkbox"/> Change            |

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

2023 R 2 PM 4: 12  
STATE OF FLORIDA  
TALLAHASSEE, FL

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(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.

Dated

4-14-2023

HM

Signature of a member or authorized representative of a member

Scott Newmark

Typed or printed name of signee

**Filing Fee: \$25.00**