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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 365417 4327828

AUTHORIZATION : Spullelena

COST LIMIT : '\$ 30.00

.

ORDER DATE : January 6, 2022

ORDER TIME : 3:05 PM

ORDER NO. : 365417-005

CUSTOMER NO: 4327828

DOMESTIC AMENDMENT FILING

NAME: MOOSE65 CAPITAL & CONSULTING

LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY

XX PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER'S INITIALS:

COVER LETTER

TO:

TO: Registration : Division of C			
	Capital & Consultling LLC		•
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sul	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	M. Timothy Hanlon		
		Name of Person	
	Alley, Maass, Rogers & L	indsay, PA	
		Firm/Company	
	340 Royal Poinciana Way	, Suite 321	
		Address	· · · · · · · · · · · · · · · · · · ·
	Palm Beach, FL 33480		
	·····	City/State and Zip Code	
	clyne@amrl.com	to be used for future annual report notil	
For further information	concerning this matter, please of	·	icanon)
M. Timothy Hanlon	concerning and matter, prease c	561 659-1770	
	of Person	at ()	: Telephone Number
	0.10.30.1	7 Hou Civil 1943 Units	Telejakak Pelabel
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 Addre Registration		Street Address: Registration Sec	tion
Division of 0	Corporations	Division of Corp	porations
P.O. Box 63 Tallahassee,		The Centre of T 2415 N. Monroo Tallahassee, FL	Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Moosc65 Capital & Consulting LLC					
(Name of the Limite	d Liability Compar A Florida Limited L	ny as it now appears on our lability Company)	records.)		
The Articles of Organization for this Limited Lie	ability Company	were filed on 11/22/2021	a	nd assigned	i
Florida document number L21000500610	·				
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liabi	lity company here:			
Moose 65 Capital and Advisory LLC					
The new name must be distinguishable and contain the wo	ords "Limited Liabili	ty Company," the designation	"LLC" or the abbreviat	ion "L.L.C."	
Enter new principal offices address, if applica	ıble:				
(Principal office address MUST BE A STREET	(ADDRESS)			200	
			(in 27)	?	pro
				.n. 	.j ==
Enter new mailing address, if applicable:				5-5	
(Mailing address MAY BE A POST OFFICE E	20X1		·	****	 -
maining dualess may be a rost office i	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>			<u> </u>	ente
			<u> </u>	Fsp	 '
B. If amending the registered agent and/or re	mistored office a	ddress on our records	onter the name of th	1	ictorod
agent and/or the new registered office address		duress on our records,	enter the name of th	ie new reg	istereu
Name of New Registered Agent:	M. Timothy Har	nlon			
New Registered Office Address:	340 Royal Poinc	ciana Way, Suite 321			
		Enter Florida street	oddress		
	Palm Beach		Florida		
		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

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 **Title** <u>Name</u> Address Type of Action □Add □Remove $\square \Lambda dd$ □ Change □Remove ______ Change ____ □Add _____ DRemove _____ □Change □Add ☐Remove _____ Change

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ffective date, if other t	han the date of fil	ling:		(optional)	
an effective date is listed, the other I	n this block does no	ot meet the applic	able statutory fi	r more than 90 day: ling requirement	s after filing.) Pi s, this date wi	irsuant to 605.0 Il not be listed
ocument's effective date	on the Department o	of State's records	•			
record specifies a delayed	effective date, but i	not an effective t	ime. at 12:01 a.r	n, on the earlier o	of: (b) The 9	0th day after t
					J (D) TC J	VIII 44) 41101 1
is filed.		2021				
January 6		2021				
January 6	-/ 1-7	- 2021 T	_ .	0	<i>,</i> •	
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Filing Fee: \$25.00