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COVER LETTER

TO:	Registration So Division of Cos			
	Gold Moon	i, LLC		
SUBJI	ECT:			
		Name of Lin	nited Liability Company	
The en	closed Anicles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Ana Cristina Perez		
			Name of Person	
			Firm/Company	
•		597 Trelago Way, Suite 20		
			Address	<u>_</u>
		Maitland, Florida 32751		
		Cristinapr0205@gmail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report noti	fication)
For fur	ther information e	oncerning this matter, please c	all:	
Ana Cr	istina Perez		407 724-3684	
<u> </u>	Name o	f Person	at ()	e Telephone Number
Enclose	ed is a check for th	ne following amount:		
\$√ \$2:	5.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Gold Moon, LLC			
(Name of the Limited L (A F	iability Company as it now a lorida Limited Liability Comp	ppears on our records.) any)	
The Articles of Organization for this Limited Liabil Florida document number 1.21000522680		n <u>12/13/2021</u>	and assigned
his amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability compar	ıv here:	
ARA Realty, LLC			
he new name must be distinguishable and contain the words	"Limited Liability Company,"	the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable	·:		
Principal office address MUST BE A STREET A	DDRFSS)		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX	<u> </u>		
3. If amending the registered agent and/or regis gent and/or the new registered office address he		ur records, <u>enter the na</u>	unic of the new regist
Name of New Registered Agent:		··	1
New Registered Office Address:		***	OF ED
	Ente	r Florida street address	0:38
-		Florida	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 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
			□Change
		•	□ Add
			□Remove
			☐Change
			□Add
			□Remove
			□Change
			□Add
		□Remove	
			Change
-			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change

Effective date, if other than the	e date of filing: (optional)	
	ist be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.9 Block does not meet the applicable statutory filing requirements, this date will not be liste	
locument's effective date on the D		
record specifies a delayed effectiv d is filed.	ve date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	the
January, 03	2022	
Dated		
/	Signature of a member or authorized representative of a member	
	The state of the s	
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