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TÄLLAHÄSSEE, FLORIO,

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SEP 2 8 2022 S. PRATHER

COVER LETTER

" TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

LGLOBA SUBJECT:	AL PARTNERS LLC				
	Name of Li	mited Liability Company			
	f Amendment and fee(s) are su condence concerning this matte	•			
	Jessica Portalatin				
Name of Person					
	Portalatin Law Firm				
		Firm/Company			
	8950 SW 74th Court, Suit	te 2201			
		Address			
	Miami, Florida 33156				
		City/State and Zip Code			
	Jessica@contractlawmiami				
		to be used for future annual report no	otification)		
For further information c	oncerning this matter, please c	all:			
Jessica Portalatin		305 384-7874			
Name of Person		at () Area Code Daytii	me Telephone Number		
Enclosed is a check for th	ne 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 S Division of Co P.O. Box 632	ection orporations	Street Address: Registration Se Division of Co	rporations		

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TGLOBAL PARTNERS LLC		 .
(Name of the Limited	Liability Company as it now appears on our Florida Limited Liability Company)	records.)
(A	Tiorida Elimited Liabinty Company)	74. 71.
The Articles of Organization for this Limited Liab	oility Company were filed on 02/15/2023	yand assigned in
Florida document number L22000060971		2 End assigned = Fig. 1
	_ :	
This amendment is submitted to amend the follow	ing:	유보 분
A. If amending name, <u>enter the new name of th</u>	te limited liability company here:	29 110,5
MoonOak Trust LLC		
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designatio	n "LLC" or the abbreviation "L.1.6"
Enter new principal offices address, if applicabl		
Principal office address MUST BE A STREET		
The state of the s	IDDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO	X)	
3. If amending the registered agent and/or registered office address by	stered office address on our records	enter the name of the new mariet
gent and/or the new registered office address he	ere:	the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address:	Enter Florida street (entelproce
	Zansa A torritor and Early	eran (33
-	City	_, 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 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
MGR	FELIX FERNANDEZ	11710 NW S RIVER DR #316	
		MEDIEV EL 00470	□ Add
		MEDLEY, FL 33178	□Remove
			■ Change
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ve date, if other than ective date is listed, the dat	the date of filing: e must be specific and c	annot be prior to dat	e of filing or more tha	(optional) n 90 days after filing.)	Pursuant to 605
If the date inserted in th	nis block does not me	et the applicable s	statutory filing requ	irements, this date v	vill not be liste
ent's effective date on t	ne Department of Sta	ite s records.			
d specifies a delayed eff ed.	fective date, but not a	n effective time, a	t 12:01 a.m. on the	earlier of: (b) The	90th day after
eu.					∑ -
JUNE 28, 2022			2		۲,
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			representative of a m	van kuud	
	Signature of a fit	ствост от авинотисо	Tebresemante oraș iii	CHIOCI	-, -