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PICK-UP WAIT MAIL
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### **'COVER LETTER**

TO: Registration Se Division of Cor						
AMADOR	LLC*		•			
SUBJECT:	Name of Lim	ited Liability Company	<u> </u>			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	Maria G Manfredini					
		Name of Person		-		
	The Grant Pacific Inc					
		Firm/Company		-		
	7828 SW 103RD PL				2022 JUH	
		Address		-		_
	MIAMI, FLORIDA 33173	3			۱ رن	
		City/State and Zip Code		- ·	_e: (	
	niza.management.us@gma:				ဆ်	
For further information c	E-mail address: ( concerning this matter, please c	to be used for future annual report not	ification)		90	
Maria G Manfredini	, , , , , , , , , , , , , , , , , , , ,	305 282-2884				
Name o	f Person	at () Area Code Daytin	ne Telephone Numbe	r		
Enclosed is a check for the	he 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 F Certifica Certifiec (additiona	ite of St l Copy	atus &	
Mailing Address Registration		<u>Street Address:</u> Registration Se	ection			
Registration Section Division of Corporations		Division of Co				
P.O. Box 6327		The Centre of	Tallahassee			
Tallahassee.	FL 32314	2415 N. Monro	be Street, Suite 8	310		

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AMADOR LLC		
(Name of the Limited Liability Com (A Florida Limite	i <mark>pany as it now appears on our records.</mark> ed Liability Company)	)
The Articles of Organization for this Limited Liability Compa Florida document number 1.22000147623	ny were filed on 03/25/2022	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
MOONCHILD PROPERTIES LLC		
The new name must be distinguishable and contain the words "Limited Lic	ability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	
Principal office address MUST BE A STREET ADDRESS)		<del>-,</del>
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u> )	N/A	FILED BY 8
3. If amending the registered agent and/or registered office and/or the new registered office address here:	ce address on our records, <u>enter t</u>	: 0
Name of New Registered Agent:	<u>/\</u>	
New Registered Office Address:	Enter Florida street address	
	. Flo	rida
	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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(If an effective date is Note: If the date		secific and cannot be prooced not meet the app	ior to date of filing or me licable statutory filing	(optional) ore than 90 days after filing. g requirements, this date	
	ifies a delayed effor y after the record i		not an effective t	ime, at 12:01 a.m.	on the earlier of
Dated May 24th		. 2022	- 2		
	Signa	iture of a member or au	thorized representative	of a member	
	G Manfredini H		Man from the content of signee		