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COVER LETTER

TO: Registration Se Division of Cor		•	γ: *
SUBJECT: The Dream	er of Ghosts LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Christopher M. Croce		
		Name of Person	
	The Dreamer of Ghosts LL	C	
		Firm/Company	
	3715 66th Ave. N. Apt. A		
		Address	
	Pinellas Park, FL, 33781		
		City/State and Zip Code	
	Moonlytmedia@gmail.com		
For further information of	oncerning this matter, please ca	to be used for future annual report notif	acanon)
Christopher M. Croce		at (203) 583-1100 Daytime	
Name o	r Person	Area Code Daytime	e Telephone Number
Enclosed is a check for t	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 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

FILED (Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(Scan The Dreamer of Ghosts LLC The Articles of Organization for this Limited Liability Company were filed on January 23rd, 2014 SEE, Fl and Florida document number ± 23000041075 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Moonlyt Media LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:

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.

Cirv

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

Florida

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>	Type of Action
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			□Remove
			Change
			□Add
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