

L23000182836

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

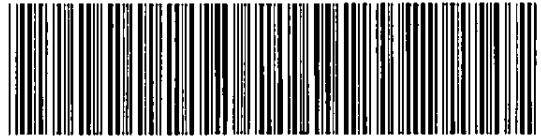
(Document Number)

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JUN - 6 2023

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05/30/23--01021--012 \*\*30.10

FILED  
2023 JUN - 6 AM 10:39  
SECRETARY OF  
TALLAHASSEE

FILED  
2023 JUN - 6 AM 10:44  
SECRETARY OF  
TALLAHASSEE

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

SUBJECT: Moonlight Brokerage LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**KIMBERLY SOLANO**

Name of Person

Firm/Company

17470 81ST RD

**Address**

MCALPIN FL 32062

City/State and Zip Code

MOONLIGHTBROKERAGE.LLC@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KIMBERLY SOLANO                      386          688-1794  
\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
Name of Person                      Area Code                      Daytime Telephone Number

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 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**

MOONLIGHT BROKERAGE LLC

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

FILED  
2023 JUN -6 AM 10:44

SECRETARY OF  
TALLAHASSEE, FL  
and assigned

The Articles of Organization for this Limited Liability Company were filed on APRIL 13TH, 2023

Florida document number 123000182836

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The 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 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:

*Enter Florida street address*

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, Name

Address

Type of Action

Ambr Stephen Fulp 963 Autumnal Pines ☒ add  
Dr. Orange Park ☐ Remove

P Fredrick Rudolph ☐ Change  
☐ Add

P Kimberly Solamo 17470 81st Rd ☒ Remove

McAlpin, FL 32062 ☐ Remove

☒ Change

☐ Add

☐ Remove

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☐ Add

☐ Remove

☐ Change

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

PLEASE MAKE SURE PHYSICAL ADDRESS IS 963 AUTUMN PINES DR. ORANGE PARK FL 32065,

LIKE IT IS ON SUNBIZ...

MAILING ADDRESS IS PO BOX 220, MCALPIN, FL 32062, PLEASE KEEP FREDRICK RUDOLPH

AND KIMBERLY SOLANO ON THE ACCOUNT. THANK YOU.

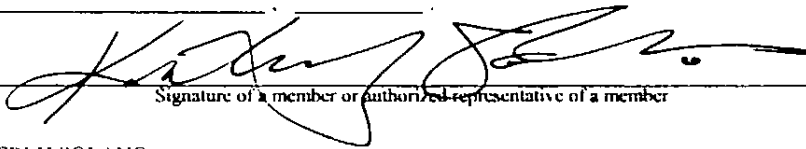
**E. Effective date, if other than the date of filing:** APRIL 13TH 2023 **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated \_\_\_\_\_



Signature of a member or authorized representative of a member

KIMBERLY SOLANO

Typed or printed name of signee

**Filing Fee: \$25.00**