L23000371453

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T. SCOTT OCT - 4 2023



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COVER LETTER

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TO:

P.O. Box 6327

Tallahassee, FL 32314

TO: Registration Section Division of Corporations	
SUBJECT: Moored Propert	ierâ LLC
Name	of Limited Liability Company
The enclosed Articles of Amendment and fee(s) a	re submitted for filing.
Please return all correspondence concerning this n	natter to the following:
Dland Gi	JA'nd Naranjo Montoyd
	Firm/Company
1957 Tai	pon Bay Dr. N. Naples Fl. 34119
	les / 34119 City/State and Zip Code an io @ d4 legal. com Tress: Ito be used for future annual report notification)
For jurisher information concerning this matter, ple	-
Didno Naranjo	at (239) 272223 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
☐ \$25 00 Filing Fee ☐ \$30.00 Filing Fee Certificate of Star	- to to to
Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations
DIVIDION OF CONTANGONS	The state of the s

Division of Corporations
The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Moorea Propertiesa L (Name of the Chindred Clabilly Comp (A Florida Limited	NOV as it now appears on our records)
The Articles of Organization for this Limited Liability Compan	v were filed on August 08, 2023 and assigned
Florida document number L23000371953	
This amendment is submitted to amend the following:	
A. It amending name, enter the new name of the limited lia	bility company here:
MOOREA PROPERTIES	LLC
The new name must be distinguishable and contain the words "Limited Liab	nility Company," the designation "LLC" or the abbreviation "LLC"
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	2028
	<u> </u>
	7
Enter new mailing address, if applicable:	· · · · · · · · · · · · · · · · · · ·
ter new mailing address, if applicable: ailing address MAY BE A POST OFFICE BOX) The amending the registered agent and/or registered office address on our records, enter the name of the same of t	A A A A A
	<u>"</u> * 0
agent and/or the new registered office address here:	e address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Agen	•
	ree to act in this capacity. I further agree to comply with the e performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is
If Ch	auging Registered Agent, Signature of New Registered Agent

It 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>	Name	Address	Type of Action
		***************************************	⊡Remove
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<u>ote:</u> If i	the date insert-	r than the date of the date must be spe and in this block do te on the Departm	es not meet the app	plicable statutory fil	(opt more than 90 days aft- ng requirements, th	ional) or illing) Pursuant to 60 iis date will not be fix	5,020 ted a
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