# 1/2000069885

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(Address)
(Audiess)
, (Address)
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EXAMINER
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# **COVER LETTER**

Di	A STO				
SUBJECT:	FLORIDA MO	OON SERVICES LL	.c		
	Name of Limi	ited Liability Company			
The enclosed Articles of	of Amendment and fee(s) are sul	omitted for filing.			
Please return all corresp	condence concerning this matter	r to the following:			
	ULT	IMINA LUNA MORAL	ES		
	-				
	_				
	-				
FORT MYERS, FL 33907				ALLAHA	
		City/State and Zip Code			-
NELSONLEYVA55@YAHOO.COM  E-mail address: (to be used for future annual report notification)				ु हुई द	probable
For further information	concerning this matter, please of	•	,		dentale
NE	ELSON LEYVA	at ( 786 )	315-8762	\$ 6	
Name	of Person	Area Code &	Daytime Telephone Number	er	
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 er	nclosed) Certifie	iling Fee, cate of Status & ed Copy onal copy is enclosed)	

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

# FLORIDA MOON SERVICES LLC

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

Florida document numberL12000069885  This amendment is submitted to amend the following:			TALLAN TI
This amendment is submitted to amend the following:			The series
			SST 25 T
A. If amending name, enter the new name of the limit	ted liability company he	<u>re</u> :	E. FLOTA
The new name must be distinguishable and end with the word "L.L.C."	ls "Limited Liability Comp	any," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable:	<u>ULTIMINA L</u>	UNA MORALES	
(Principal office address MUST BE A STREET ADDR	<u>ESS)</u> 2436 LA SAL	LE AVE	
	FORT MYER	RS, FL 33907	
Enter new mailing address, if applicable:	NELSON LE	YVA	
(Mailing address MAY BE A POST OFFICE BOX)	2735 COLO	NIAL BLVD APT	204
	FORT MYER	RS, FL 33907	
B. If amending the registered agent and/or registored agent and/or the new registered office addr	ess here:	· ·	the name of the new
Name of New Registered Agent: ULTIN	MINA LUNA MORAL	ES	
New Registered Office Address: 2436	LA SALLE AVE		
	E	nter Florida street ad	dress
	FORT MYERS	, Florida	33907
	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 608, 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 amend

anaging Members on our records, enter the title, name, and address of each Manager ed or removed from our records:

MGR = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM_	NELSON LEYVA	2735 COLONIAL BLVD APT 204 FORT MYERS, FL 33907	
			Add Remove
			Add Remove
<del></del>			Add Remove
			Addr Remove 7
******			Add Remove
D. If amen	ding any other information, enter cha	nge(s) here: (Attach additional sheets, if necessary	ر م
Dated	MAY 24 ,	2012	
	/	ber or authorized representative of a member	
		MINA LUNA MORALES	
	Тур	ed or printed name of signee	

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Filing Fee: \$25.00