## 0053151

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	<del></del>
(Cit	y/State/Zip/Phone #)	<u></u>
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name)	
(Do	cument Number)	<del>-</del>
Copies	Certificates of	of Status
:	ng Officer:	

Office Use Only



000403627740 PH 1: 25

93/06/23--91901--096 \*\*25.90

A. BUILER MAR - 3 2023

## **COVER LETTER**

Registration Section Division of Corporations

HECT: Bic	MOON Ent	erprises LL	<u></u>
	Name of Lin	uted LialAlity Company	
inclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
	ondence concerning this matter	-	
,	•	-	
	Sofia	Torres Name of Person	
		Name of Person	·
	Biq_	MOON Enterp	rises LIC
		· ·	
	9945	SW 57th COU	<u>+</u>
	Pinec	rest Floridg City State and Zip Code Sle@gmail. to be used for the annual report noti	33156
	SOFIANIC	City State and Zip Code	(0)(0)
	E-mail address: (	to be used for forme annual report noti	fication)
::ther information c	oncerning this matter, please c	all:	
Sofia To	orres	at ( <u>305</u> ) <u>633</u> Arca Code Daytim	4830
Name o	f Person	Area Code Daytim	e Telephone Number
sed is a check for the	ne following amount:		
>25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filling 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

Big Moon Enter J Name of the Cimited Liability Companied Limited L	orises	LLC	2023 MAR -3	Pii 4: 25
Name of the Limited Liability Compa (A Florida Limited L	ny as it now appe Jability Company	ars on our records )	<u>.</u> )	779 93
Articles of Organization for this Limited Liability Company da document number $\underline{L-23000053151}$	were filed on _	01/30/20	23 and a	ssigned
amendment is submitted to amend the following:				
f amending name, enter the new name of the limited liabi	lity company l	here:		
w name must be distinguishable and contain the words "Limited Liabili	ity Company," the	designation "LLC"	or the abbreviation."	L.L.C "
er new principal offices address, if applicable:				
veipal office address MUST BE A STREET ADDRESS)				
		<del>.</del>		<del></del>
and an Olive address of applicable				
: new mailing address, if applicable:  Hing address MAY BE A POST OFFICE BOX1				
	•			<del></del>
If amending the registered agent and/or registered office a at and/or the new registered office address here:	ddress on our	records, <u>enter t</u>	the name of the n	ew registered
Name of New Registered Agent:				
New Registered Office Address:				
		orida street address		
<del></del>	Civ	, Flo	orida Zıp Cod	
Registered Agent's Signature, if changing Registered Agent:	Ç iç		7.1p C00	·
reby accept the appointment as registered agent and agre	e to act in thi.	s capacity. I fur	ther agree to con	nply with the

visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and in the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is a tiled to merely reflect a change in the registered office address, I hereby confirm that the limited liability

wany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

...ending Authorized Person(s) authorized to manage, enter the title, name, and address of each person\_being added removed from our records:

IR = Manager

BR = Authorized Member

Title	Name	Address	Type of Action
AMBR.	Sofia Torres	9945 SW 57th court,	<del>U</del> Add
		Pinecrest	□Remove
		Florida 33156	
			□Add
			□Remove
			□Change
			□Remove
			□Remove
			□ Change
_		<del></del>	□Add
			□Remove
			□Change
-			□Add
			□Remove
			□Change

		<del>,</del>				
					·	
	· · · · · · · · · · · · · · · · · · ·					
		<u> </u>				
					····	
		<del></del>				
			<del></del>			
					<del></del>	
ive date, if other tha	n the date of filin	ıg:		(option	al)	
fective date is listed, the da If the date inserted in t	ite must be specific and this block does not i	d cannot be prior to meet the applicab	date of filing or more le statutory filing r	: than 90 days after fil equirements, this d	ing ) Pursuant to 605.0 ate will not be listed	J207 d-as
nent's effective date on				•		
d specifies a delayed et	ffective date, but no	t un effective time	e, at 12:01 a.m. on	the earlier of: (b)	The 90th day after	the
iled.						
3/3/2023						
<u> </u>		`	・ <b>フ</b>			
			-			
	<del></del>	<b>S//</b> /				
	Signature of	niember er authoriz	zed representative of	a member		

Filing Fee: \$25.00