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NAME:

WORLD OIL GROUP INC.

TYPE OF FILING: AMENDMENT

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**AUTHORIZATION: ABBIE/PAUL HODG** 

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: $\frac{V}{V}$	Vorld Oil Group,	Inc	
	0066269		
The enclosed Articles of Amendm	ent and fee are su	bmitted for filing.	
Please return all correspondence co	oncerning this ma	tter to the following:	
Jonathan Le	einwand		
		Name of Contact Persor	1
Jonathan D.	Leinwand, P.A.		
<del></del>		Firm/ Company	
18305 Bisc	ayne Blvd., Suite	200	
<del></del> -	<del></del>	Address	
Aventura, F	L 33160		
		City/ State and Zip Code	:
jonathan@j	dlpa.com	-	
	-	ed for future annual report	notification)
For further information concerning  Jonathan Leinwand	this matter, pleas	ec call:	、903-7856
Name of Contact P	erson	at (at (	
Enclosed is a check for the followi	ng amount made		•
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Mailing Addres Amendment Sec Division of Corp P.O. Box 6327 Tallahassee, FL	tion orations	Amend Divisio The Ce	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

World Oil Group, Inc.		
(Name of Corporation as curr	ently filed with the Florida Dept. of Sta	ite)
P05000066269		
(Document Numb	per of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this Articles of Incorporation:	his Florida Profit Corporation adopts the	e following amendment(s) to
A. If amending name, enter the new name of the corporation	Ĺ	
Moon Equity Holdings Corp.		The new
name must be distinguishable and contain the word "corporation, "Inc.," or Co.," or the designation "Corp," "Inc," or "Co" "chartered," "professional association," or the abbreviation "P	". A professional corporation name m	
B. Enter new principal office address, if applicable;		787
(Principal office address MUST BE A STREET ADDRESS)	·	
		المعتدر المستعار المس
		~ ~
C. Enter new mailing address if applicables		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		The second
<del>-</del>		~း ယ ႏႏိုင်
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office add		<u>e</u>
Name of New Registered Agent		
1,200		<u> </u>
Florid	da street address)	<del></del>
·	·	
New Registered Office Address:	, Florid (City)	ia (Zip Code)
	. "	, ,
New Registered Agent's Signature, if changing Registered Ag I hereby accept the appointment as registered agent. I am familia	<u>tent:</u> ar with and accept the obligations of the p	position.
Signature of Ne	w Registered Agent, if changing	
Check if applicable		

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer: CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Do	<u>)c</u>						
X Remove	<u>V</u>	Mike Jo	ne <u>s</u>						
X Add	<u>sv</u>	Sally Sn	nith						
Type of Action (Check One)	Title		Name		<u>Addr</u>	<u>es</u> s			
1) Change		_			 			<u>-</u> .	_
Add									
Remove									
2) Change		_		 	 				_
Add					<u></u>	<del></del> -			
Remove 3) Change		_			 				
Add							<u></u>		
Remove									
4) Change		<del></del>			 				
Add							_		
Remove									
5) Change		_		 	 			_	
Add									
Remove									_
6) Change		_			 				
Add		_							
Remove						-, - <del>,</del>			

	r change(s) here: cific)		
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· · · · · · · · · · · · · · · · · · ·			
<u>If an amendment provides for an exchange, re</u>	lassification, or cancellation o	f issued shares,	
	not contained in the amenda	ient itsell:	
provisions for implementing the amendment			
(if not applicable, indicate N/A)			
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if not applicable, indicate N/A)			

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The date of each amendment(s) date this document was signed.	adoption:	, if other than the
Effective date if applicable:		•
Enective date it applicable:	(no more than 90 days after amendment file date)	<u>-:</u>
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements, this of Department of State's records.	date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were action was not required.	dopted by the incorporators, or board of directors without shareholder as	ction and sharehold <del>er</del>
The amendment(s) was/were as by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendment sufficient for approval.	nt(s)
The amendment(s) was/were a must be separately provided for	pproved by the shareholders through voting groups. The following state or each voting group entitled to vote separately on the amendment(s):	emeni
"The number of votes cas	st for the amendment(s) was/were sufficient for approval	
by	, , , , , , , , , , , , , , , , , , , ,	
	(voting group)	
select	director, president or other officer – if directors or officers have not beed, by an incorporator – if in the hands of a receiver, trustee, or other conted fiduciary by that fiduciary)	en Durt
	Alison Galardi	
•	(Typed or printed name of person signing)	
	President/Director	
	(Title of person signing)	<del></del>
STATE OF FLORIE	)A	
COUNTY OF PO	Ilm Beach County	
The foregoing instru day of May, 2	ment was acknowledged before me by means ofphysical presence	or _online notarization, this
	STACEY-ANNE JOHNSON Notary Public - State of Florida Commission # HH 088183 My Comm. Expires Dec 6, 2024  STRINGTON  STACEY-ANNE JOHNSON Motary Public - State of Florida Commission # HH 088183 My Comm. Expires Dec 6, 2024	Notary Public - State of Florid
Personally, Known_	OR Produced Identification 1	
Type of Identificatio	Bonding Dayons Augman	

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