L12000069885

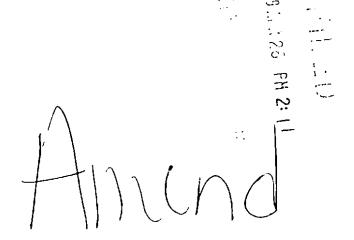
(Re	equestor's Name)	
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I ALBRITTON

COVER LETTER

TO:	Registration Se Division of Cor			
45111111		MOON SERVICES LLC		
SUBJ	IECT:	Name of Limi	ited Liability Company	
The e	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	e return all correspo	ndence concerning this matter	to the following:	
		NELSON LEYVA		
			Name of Person	
		FLORIDA MOON SERVI	CES LLC	
			Firm/Company	
		1875 WINKLER AVE		
			Address	 .
		FORT MYERS, FL 33901		
		nelsonleyva55@yahoo.com	City/State and Zip Code	
		E-mail address: ()	to be used for future annual report notifi	ication)
For fi	irther information co	oncerning this matter, please co	all:	
NEL	SON LEYVA		786 3158762	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclo	sed is a check for th	ne following amount:		
S S	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)

TO:

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**

ТО	1	, ,
ARTICLES OF OR	RGANIZATION	2010 11
OF	•	
FLORIDA MOON SERVICES LLC		و الم
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	gas it now appears on our records.) ability Company)	2019 Pry 2: 11
The Articles of Organization for this Limited Liability Company w	vere filed on 04/23/2019	and assigned ·-
Florida document number L12000069885		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabile	ty company here:	/
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LEC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u>/-</u>
(Principal office address MUST BE A STREET ADDRESS)		<u>/</u>
Parameter and the state of the Bankley		
Enter new mailing address, if applicable:		/
(Mailing address MAY BE A POST OFFICE BOX)		<u>/</u>
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here:		enter the name of the new
registered agent and/or the new registered office address nerv		
N. CNI Devisional Assess		
Name of New Registered Agent:		
New Registered Office Address:		.
	Enter Florida street address	
	, Flor	ida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	/	
I hereby accept the appointment as registered agent and agre-	e to act in this capacity. I furth	her agree to comply with the
provisions of all statutes relative to the proper and complete p	performance of my duties, and	Lam familiar with and
accept the obligations of my position as registered agent as pr	ovided for in Chapter 605, F.	SeOr, if this document is
being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	uaress, i nereny conjirii tuat	те итиса навшу

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	ULTIMINA LUNA	1875 WINKLER AVE, FORT MYERS FL 33901	
			☐ Remove
			Change
			🗖 Add
			□ Remove
			☐ Change
			□ Remove
			Change
		□ Add	
		□ Remove	
			Change
		Remove	
		Change	
			Add
			Remove

	NELSON LEYVA . CAHANGE TITLE TO MGR
r rec	04/23/2019 etive date, if other than the date of filing:
(If an e Not <u>e</u>	effective date is listed, the date must be specific and cannot be prior to date of tiling or more than 90 days after filing.) Pursuant to 605.020. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ament's effective date on the Department of State's records.
If the ro	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier nees to be some the record is filed.
* ~	d APRIL 23 2019
Date	a

Page 3 of 3

Filing Fee: \$25.00