| (Re | questor's Name |) |
|-------------------------|------------------|---------------|
| (Ad | dress) | |
| . (Ad | dress) | |
| (Cit | y/State/Zip/Phoi | ne #) |
| PICK-UP | ☐ WAIT | MAIL MAIL |
| (Bu | siness Entity Na | ame) |
| (Do | cument Numbe | r) |
| Certified Copies | _ Certificate | es of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

Registration Section
Division of Corporations

Tallahassee, FL 32314

TO:

| THE MOO | N AND THE STARS 9357 LI | LC | |
|-------------------------------|--|---|--|
| SUBJECT: | Name of Lim | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | indence concerning this matter | to the following: | |
| | ANDREW L. JIMENEZ. | ESQ. | |
| | | Name of Person | |
| | JIMENEZ LAW OFFICE | S, P.A. | |
| | | Firm/Company | |
| | 205 SE 20TH STREET | | |
| | | Address | |
| | FORT LAUDERDALE, F | TL 33316 | |
| | | City/State and Zip Code | |
| | ANDREW@JIMENEZLA | | |
| | | to be used for future annual report not | ification) |
| For further information c | oncerning this matter, please c | all: | |
| ANDREW L. JIMENEZ | , ESQ. | 954 848-3111 | |
| Name o | f Person | at () Area Code Daytin | ne Telephone Number |
| Enclosed is a check for th | ne following amount: | | |
| □ \$25.00 Filing Fee | ■ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed) | ☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Addres Registration S | | <u>Street Address:</u> Registration Se | ection |
| Division of C | | Division of Co | |
| P.O. Box 632 | | The Centre of | Tallahassee |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

21 SEP -1 PH 12: 21

If Changing Registered Agent, Signature of New Registered Agent

THE MOON AND THE STARS 9357 LLC

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

| The Articles of Organization for this Limited Liability Comp | any were filed on <u>FEB</u> F | UARY 10, 2020 and assigned | | |
|--|---|--|--|--|
| Florida document number <u>L20000045976</u> | | | | |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the limited liability company here: | | | | |
| The new name must be distinguishable and contain the words "Limited L | iability Company," the design | nation "LLC" or the abbreviation "L.L.C." | | |
| Enter new principal offices address, if applicable: | | | | |
| (Principal office address MUST BE A STREET ADDRESS | <u> </u> | | | |
| | | | | |
| Enter new mailing address, if applicable: | | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | | |
| | | | | |
| B. If amending the registered agent and/or registered offi agent and/or the new registered office address here: | ice address on our reco | rds, enter the name of the new registered | | |
| Name of New Registered Agent: | | | | |
| New Registered Office Address: | P (2) : 1 | | | |
| | | street address | | |
| | City | Florida Zip Code | | |
| New Registered Agent's Signature, if changing Registered Age | | , | | |
| I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and compleaccept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change. | lete performance of m as provided for in Che | duties, and I am familiar with and apter 605, F.S. Or, if this document is | | |
| | | | | |

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

21 SEP -1 PH 12: 21
Address

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-----------------|-------------------------|----------------|
| AMBR | CHARLES L. ROSS | 451 HERITAGE DRIVE #603 | □Add |
| | | POMPANO BEACH, FL 33060 | ■Remove |
| | | | □Change |
| | | | □Add |
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| an effective date is listed, the date must | date of filing: |
| | |
| | e date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| d is filed. | e date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| d is filed. Dated AUGUST 30 | . 2021 |

Filing Fee: \$25.00