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COVER LETTER

TO: Registration S Division of Co		•	
Moon Ligh	nt Beauty LLC.		
SUBJECT:	Name of Lim	ited Liability Company	
		union al de a dilliana	
The enclosed Articles of	Amendment and fee(s) are sub	mittee for fring.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Michelle Frometa		
		Name of Person	
	Moon Light Beauty LLC.		
		Firm/Company	
	1398 NW 79th Street #D4	00	
		Address	
	Miami, FL 33147		
		City/State and Zip Code	
	michellefrometa@gmail.co		
	E-mail address: (to be used for future annual report no	outlication)
For further information (concerning this matter, please c	all:	
Michelle Frometa		786 805-8684	
Name (of Person	at () Area Code Dayti	me Telephone Number
Enclosed is a check for t	the following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
•			
Mailing Addre		Street Address:	Constant
Registration		Registration S	
Division of C P.O. Box 63:		Division of Co The Centre of	-
			roe Street. Suite 810
Tallahassee.	たし ひるさしき	ZHID IN, MOIII	oc onech oute one

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Moon Light Beauty LLC.		
(<u>Name of the Limited Liability Co</u> (A Florida Limit	mpany as it now appears on our record ted Liability Company)	<u>(s.</u>)
e Articles of Organization for this Limited Liability Company were filed on $\frac{02/25/2020}{\text{Drida document number}}$		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
Moon Light Glow LLC.		22
The new name must be distinguishable and contain the words "Limited L.	iability Company," the designation "LLC	" or the abbreviation L.L.C."
Enter new principal offices address, if applicable:		HAY 25
(Principal office address MUST BE A STREET ADDRESS	2	me; -0 111
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1: 43
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:	<u></u>	
New Registered Office Address:	Enter Florida street addres	FI.

	, FI	orida Zip Code
	ϵ $n_{\mathcal{V}}$	zipxoue

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 605, 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			The Grange 25
			en en maria 📑
			□ Refigove
		-	□Change
	·		□Add
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			[]Remove
		<u></u>	□Change
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			□ Change

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ed May 10th	. 2021				
he 90th day after the re	cord is filed.	an enceive time,	ac IZ.VI a.	011 (11	e carnor
record specifies a delave	ed effective date, but not	an effective time.	at 12:01 a.	m. on th	ie earlier
	block does not meet the applicable Department of State's records.	ne statutory filing requ	rements, this	date will n	ot be listed
ective date, if other than the effective date is listed, the date in	e date of filing: ust be specific and cannot be prior to	date of filing or more than	option 90 days after fi	ral) iling.) Pursu	ant to 605.0
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Typed or printed name of signee

Filing Fee: \$25.00