## LZ0000082172

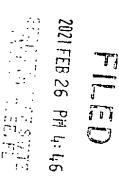
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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## **COVER LETTER**

	Registration Se Division of Cor			W	^		
enn rez		Event Planning LLC		•			
SUBJEC	.1:	Name of Lin	nited Liability Company				
·			L. La au				
		Amendment and fee(s) are sub	-				
Please ret	turn all correspo	ondence concerning this matter	to the following:				
		Sabrina Rodriguez					
		·	Name of Person	· · · · · · · · · · · · · · · · · · ·			
		Moonlight Event Planning	LLC	···	2021		
			Firm/Company	·	<del> </del> FEB	77	7,
		7221 Gartield ST			B 26	Commence of	
		<del></del>	Address	· · · · · · · · · · · · · · · · · · ·	P.I.		
		Hollywood, FL 33024		(170) (170) 1811			
			City/State and Zip Code	1	e ti		
		info@moonlighteventplann	ing.com to be used for future annual report notif	reation)			~ · ·
For furthe	er information c	oncerning this matter, please c	·	reality)			
Sabrina F	Rodriguez		954 628-2046				
• • • • • • • • • • • • • • • • • • • •	Name o	f Person	at () Area Code Daytime	: Telephone Number			
Enclosed	is a check for th	ne following amount:					
置 \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filir Certificate Certified C (additional co	of Statu opy		
<u>1</u>	Mailing Addres	<u>s:</u>	Street Address:				
I	Registration S	Section	Registration Sec				
	Division of C	orporations	Division of Com	norations			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Moonlight Event Planning LLC		
( <u>Name of the Limited Liability Com</u> (A Fiorida Limited	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar	ny were filed on 03/16/2020	and assigned
Florida document number 1.20000082172		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
Moonlight Events & Photography LLC		
he new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "LLC" or the abbrevi	ation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		B
	<del></del>	<u> </u>
	i ind Olog	
nter new mailing address, if applicable:	ने <u>नि</u>	
Mailing address MAY BE A POST OFFICE BOX)	. i	<u>o</u>
<ol> <li>If amending the registered agent and/or registered office gent and/or the new registered office address here:</li> </ol>	e address on our records, enter the name of	the new regis
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City Zi	p Code

## 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:

MGR =	Manager
AMBR =	<b>Authorized Member</b>

Title	<u>Name</u>	Address	Type of Action
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ective date, if other than the d	ate of filing:		(optional)	
effective date is listed, the date must le: If the date inserted in this block	k does not meet the applicable:	e of fling or more than statutory filing requir	90 days after filing.) P ements, this date wi	ursuant to 605.020 ill not be listed as
ument's effective date on the Dep	artment of State's records.	, .		
cord specifies a delayed effective stiled.	date, but not an effective time, a	t 12:01 a.m. on the e	arlier of: (b) The 9	10th day after the
s tiled.				
. January 25th	2021			
ed	. 2021			
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ed January 25th  Salvara R	2021  2021  gnature of Jinember or authorized	representative of a mer	nber	

Filing Fee: \$25.00