L20000119242

(Requestor's Name)	
(Address)	
(Address)	-
(City/State/Zip/Phone #)	•
PICK-UP WAIT MA	dL
(Business Entity Name)	
(Document Number)	
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Special Instructions to Filing Officer:	

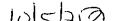




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COVER LETTER

SUBJECT:	CREATIO	NS BY ADORN MI LLC		
SUBJECT:		Name of Limi	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:	
		Cheyenne Moseley		
			Name of Person	
		Legalzoom.com, Inc.		
			Firm/Company	
		101 N Brand Blvd 11th Fl		
			Address	.
		Glendale, CA 91203		
		moon8waves@gmail.com	City/State and Zip Code	
		_	o be used for future annual report notifi	ication)
For further in	formation c	oncerning this matter, please ca	ılı:	
Cheyenne M	oseley		800 773-0888 at ()	
	Name of	f Person		Telephone Number
Enclosed is a	check for th	ne following amount:		
□ \$25.00 F	iling 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)

MAILING ADDRESS:

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TO:

Registration Section Division of Corporations

> 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

CREATIONS BY ADORN MI 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 Company were filed on _____05/04/2020 and assigned Florida document number L20000119242 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Moon 8 Waves LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida City 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 = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>Wher</u>	Nellisa Ebanks	1110 Brickell Ave Suite 430	∑_ ™ Add
		Mami, Fl. 33/31	Remove
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00