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(City/State/Zip/Phone #)

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2020 AUG 11 17:5:26

O.S.I.

SEP 29 2020

## COVER LETTER

TO: Registration Section  
Division of Corporations

EMOON INSTALLATIONS LLC

SUBJECT: \_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

YINA SUAREZ

\_\_\_\_\_  
Name of Person

EMOON INSTALLATIONS LLC

\_\_\_\_\_  
Firm/Company

10851 SAKONNET RIVER DRIVE, APT 101

\_\_\_\_\_  
Address

TAMPA, FL 33615

\_\_\_\_\_  
City/State and Zip Code

KEVSALUSU2311@Hotmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

YINA SUAREZ

786

643-4880

\_\_\_\_\_  
Name of Person

at (\_\_\_\_\_) \_\_\_\_\_

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$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)

**Mailing Address:**

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

**Street Address:**

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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

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EMOON INSTALLATIONS 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 07/17/2020 and assigned  
Florida document number 120000207871.

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 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:	SUAREZ, YINA
New Registered Office Address:	10851 SAKONNET RIVER DRIVE, APT 101
	<small>Enter Florida street address</small>
	TAMPA, Florida 33615
	<small>City Zip Code</small>

**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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	LUNA SUAREZ, KEVIN	10851 SAKONNET RIVER DRIVE, APT 101	<input type="checkbox"/> Add
		TAMPA, FL 33615	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SUAREZ, YINA	10851 SAKONNET RIVER DRIVE, APT 101	<input checked="" type="checkbox"/> Add
		TAMPA, FL 33615	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

AUGUST 3 2020

Dated \_\_\_\_\_

Type of printed name of signee

**Filing Fee: \$25.00**