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(10)
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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

TO:

Registration Section

Division of Cor	porations			
	COMPANY LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	endence concerning this matter	to the following:		
	Michael Fidler			
		Name of Person		
		Firm/Company		
	2512 Stone Creek Court			
		Address		
	Oakland, Florida 34787			
		City/State and Zip Code		
	fidler23@gmail.com	to be used for future annual report no	4:C	
For further information c	oncerning this matter, please c	·	(meanon)	
Michael Fidler		407 496-2444		
	an and an	at ()	77 1 A N 1	
Name o	f Person	Area Code Daytii	me Telephone Number	
Enclosed is a check for the	ne 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 Addres		Street Address:		
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 6327			The Centre of Tallahassee	
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Eva Fidler Company		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	y were filed on October 19, 2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
Fidler on the Moon LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility 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)		
		20
		74.
Enter new mailing address, if applicable:		575 6
(Mailing address MAY BE A POST OFFICE BOX)		SS
		्राच्या 🚾 🛌
		9. 6: 6:
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the	e name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address , Florida City Zip Code	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	
	_	er auree to comply with the
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as	e performance of my duties, and .	l am familiar with and

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

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ffective date, if other than the can effective date is listed, the date must	late of filing:	(opti	onal)
an effective date is listed, the date must ote: If the date inserted in this blo	be specific and cannot be prior to	date of filing or more than 90 days after	r filing.) Pursuant to 605.020
ocument's effective date on the Dep		ic statutory ming requirements, un	is date with not be fisted it.
record specifies a delayed effective	date, but not an effective time	at 12:01 a.m. on the earlier of: (b	o) The 90th day after the
is filed.		•	,
January 5th ated	2024		
. /	• • • • • • • • • • • • • • • • • • • •		
VV	Signature of a member or authori	zed representative of a member	
Michael Fidler			
	Typed or printed	name of signee	

. . . .

Filing Fee: \$25.00