120000391612

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(Ad	dress)	
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A. BUTLER MAR 2 1 2022

COVER LETTER

`TO:

Registration Section Division of Corporations

TO THE M	100N AUTOMATION LLC				
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Anthony Morales				
		Name of Person			
	MyUSACorporation.com				
		Firm/Company	 		
	1 Radisson Plaza, Suite	800			
		Address			
	New Rochelle, NY 1080	1			
		City/State and Zip Code	176. 184		
	info@myusacorporation.c				
	E-mail address: (to be used for future annual report noti	fication)		
For further information of	oncerning this matter, please c	all:			
Anthony Morales		877 3302677			
Name of Person			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 Registration S		<u>Street Address:</u> Registration Se	ction		
Division of Corporations		Division of Cor	Division of Corporations		
P.O. Box 632 Tallahassee			The Centre of Tallahassee		
Tallahassee, FL 32314		4413 IN. IVIONIO	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2022 MAR -8 AM 8: 28

TO THE MOON AUTOMATION 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 12/14/2020 and assigned Florida document number L20000391612 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: 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
AMBR	ADAM REICH	1760 SW 9TH STREET	
		BOCA RATON, FL 33486	Remove
			Change
AMBR	LONDON SKYE, INC.	1760 SW 9TH STREET	Add
		BOCA RATON, FL 33486	□Remove
			□Change
			□Add
			🗀 Remove
			Change
			□Add
			□Remove
			Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
		- 	□Change

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Tective date, if other than the date an effective date is listed, the date must be spote: If the date inserted in this block document's effective date on the Departs	loes not meet the applicab	le statutory filing requ	irements, this date will	uant to 695,020 not be listed as
record specifies a delayed effective date is filed.	e, but not an effective time	:, at 12:01 a.m. on the	earlier of: (b) The 90s	h day after the
2nd day of March	. 2022			
		BUN		
្រាយាន	sture of a member or authory	eu representative of a m	ember	

Filing Fee: \$25.00