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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

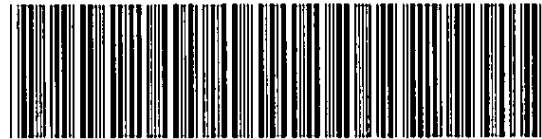
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Moon Rock Mobile Smokes and Vape LLC

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:

Tamieka Headley

Name of Person

Moon Rock Mobile Smokes and Vape LLC

Firm/Company

25914 SW 122 Street

Address

Homestead FL 333032

City/State and Zip Code

moonrockmobilesmokes@gmail.com

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

For further information concerning this matter, please call:

Tamieka Headley

954

534-2017

at (_____) _____

Name of Person

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

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

Moon Rock Mobile SMokes and Vape 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 12.23.2020 and assigned
Florida document number L21000003631.

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:

Tamicka Headley

New Registered Office Address:

25914 SW 122 Street

Enter Florida street address

Homestead

City

Florida

33052

Zip 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 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Tamicka Headley	25914 SW 122 Street	<input checked="" type="checkbox"/> Add
		Homestead FL 333032	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Courtney Chambers	25914 SW 122 Street	<input checked="" type="checkbox"/> Add
		Homestead FL 333032	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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(optional)

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b) The

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Signature of a member or authorized representative

Typed or printed name of signee

Filing Fee: \$25.00