K21000088230

(Requestor's Name)	
(Address)	300367887
(Address) (City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	06/17/21010150
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
Office Use Only 5. C - 07/15/2	



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TO: Registration Section Division of Corpo			
SUBJECT: MOON	And Star		
	Name of Lim	ited Liability Company	
The enclosed Articles of Ar	nendment and fee(s) are sub	mitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
	Reina 1	Voriega	
		Name of Person	
		Firm/Company	
	11152 111	, ,	N . Oaa.
	1902 W	ildwood Lakes Bl	<u>va. Hpt. [</u> -1204
	Naples,	FL 34104 City/State and Zip Code	
	dlanaviaa	·	
	E-mail address: (a egmail. Com to be used for future annual report notif	ication)
For further information con	cerning this matter, please ca	all.	
Keina No	oritga erson	at (<u>239</u>) <u>\$21 -</u> 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)	Sectificate of Status & Certificate Copy (additional copy is enclosed)

Street Address: Registration Section Division of Corporations

The Centre of Tallahassee

Mailing Address: Registration Section

P.O. Box 6327

Division of Corporations

TO ARTICLES OF ORGANIZATION OF

Moon And Star	CollC		_
(<u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appears on our records.) ed Liability Company)		
The Articles of Organization for this Limited Liability Compa Florida document number <u>L2100088230</u> .	ny were filed on <u>02/22/207</u>	and a	assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company here:		
The new name must be distinguishable and contain the words "Limited Li	ability 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 here:	ce address on our records, <u>enter the n</u>	ame of the r	iew registered
Name of New Registered Agent:		(n - 2	 1
New Registered Office Address:		1	•.
	Enter Florida street address	= ==	j
	, Florida	No.	le
	CIII	1.1p CO	••

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.

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Reina Noriega	4425 14th St NE Naples, FL 34120	[Add
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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of fi e: If the date inserted in this block does not meet the applicable statute ument's effective date on the Department of State's records.	(optional) ling or more than 90 days after filing.) Pursuant to 605,02 ory filing requirements, this date will not be listed
cord specifies a delayed effective date, but not an effective time, at 12:0 filed.	01 a.m. on the earlier of: (b) The 90th day after th
od June 14 2021	
// / // //	sentative of a member