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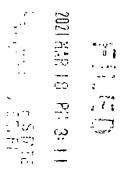
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COVER LETTER

TO:

Registration Section

Divis	ion of Cor	porations				
	MOONIE U	JSA, LLC				
SUBJECT: _		Name of Lin	nited Liability Company			
The male and	Aminlan of	Amondment and for(a) me only	and the filling			
		Amendment and fee(s) are sub	_			
Please return a	ill correspo	ndence concerning this matter	to the following:			
		Jonathan Crick				
			Name of Person	•	_	
			Firm/Company		_	~
	2425 Manatee Avenue West					20211133
			Address		-: -	:5 :5
		Bradenton, FL 34205				co :
			City/State and Zip Code		- ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	PH 3: 1
		jonerick@gmail.com E-mail address: (to be used for future annual report no	otification)	"". 	=
For further inf	ormation c	oncerning this matter, please c	·	, in the second second	• • •	
Jonathan Cric	k		941 224-8287 at ()			
	Name of	f Person		me Telephone Numbe	:r	
Enclosed is a c	check for th	ne following amount:				
■ \$25.00 Fil	ling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Sta	itus &
	ing Addres stration S		Street Address: Registration S	ection		
Divi	sion of C	orporations	Division of Co	orporations		
	Box 632 ahassee, F	7 FL 32314	The Centre of 2415 N. Monr	Tallahassee oe Street, Suite 8	310	

Tallahassee, FL 32303

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

MOONIE USA, LLC			
(Name of the Limited Liability Company as it now ap (A Florida Limited Liability Company)	pears on our records.) y)		
The Articles of Organization for this Limited Liability Company were filed on	March 3, 2021	and as	signed
lorida document number L21000103589			
This amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited liability company	<u>here</u> :		
MOONI USA, LLC			
he new name must be distinguishable and contain the words "Limited Liability Company," the	ne designation "LLC" or the abb	reviation "I	. lC."
Enter new principal offices address, if applicable:		292	
Principal office address MUST BE A STREET ADDRESS)	·		•••
		(AD	. c. 100
		C)	,
nter new mailing address, if applicable:	· ~	P	ر آل ال وما صدار
Mailing address MAY BE A POST OFFICE BOX)	* 1 - 2	} 	1 1
Tuning address MAT OF ATOST OFFICE BOX)			
	<u> </u>		
. If amending the registered agent and/or registered office address on ou	r records, enter the name	of the ne	w regi:
gent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
	lorida street address		
	Florida		
City		Ziv 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 Changing Registered Agent, Signature of New Registered Agent

Zip Code

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
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			□Change
		-	□Remove
			GChange €
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		March 01	. 2021				
ective date, if oth reffective date is listed	er than the date of i, the date must be speci	l filing:		ig or more than 90	(optional) days after filing.)	Pursuar	it to 605.02
	ted in this block does late on the Departmen			y filing requiren	nents, this date v	will not	be listed
	•						
cord specifies a dela s filed.	ayed effective date, b	out not an effective	e time, at 12:01	a.m. on the earl	ier of: (b) The	90th d	ay after th
ed		·	·				
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Typed or printed name of signee