## L21000193793

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	· #)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



500368618675

1991 년의 29 - 1211 : 59

821 JUN 29 AM 10: 3

Ancind

JUN 30 7021 LALBRITTON

## Sunshine State Corporate Compliance Company

## 3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 06/29/2021			⇔WALK IN*
ENTITY NAME SUN &	MOON CAPITAL, L	LLC	
DOCUMENT NUMBER L	21000193793		
	**PLEASE FILE TA	HE ATTACHED AND RETURN**	
xxxxx	Plain Copy		
	Certified Copy		
	Certificate of Status		
	Certified Copy of Art Certificate of Good St		
	**APOSTILLE' / I	NOTARIAL CERTIFICATION**	
COUNTRY OF DESTINATI	ON		
NUMBER OF CERTIFICAT			
TOTAL OWED \$25.00		ACCOUNT #: I2016000007	2
		S R FM	
Places soll Time at the	o ahawa mumban kan	any issues or concerns. Thank was so	r much!

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

To		
ARTICLES OF O		
V	Γ	20
Sun & Moon Capital LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) lability Company)	and assigned 3
	ci i 04/26/2021	ن دن احسونیور است
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number L21000193793		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	382 NE 191st St., PMB 39835	
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33179	
Enter new mailing address, if applicable:	382 NE 191st St., PMB 39835	
(Mailing address MAY BE A POST OFFICE BOX)	Miami, FL 33179	
B. If amending the registered agent and/or registered office a	address on our records anter the n	ame of the new registered
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records, enter the n	ame of the new registered
<del></del>		
Name of New Registered Agent:		
New Registered Office Address:		
The Winds of the Control of the Cont	Enter Florida street address	
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete	ve to act in this capacity. I further performance of my duties, and I a	agree to comply with the — m familiar with and
accept the obligations of my position as registered agent as p	provided for in Chapter 605, F.S. C	Or, if this document is
being filed to merely reflect a change in the registered office company has been notified in writing of this change.	address, I hereby confirm that the	limited hability
company has occurring on a triting 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>	<u>Address</u>	Type of Action
<del>.</del>			□Add
		. <u>.</u>	□Remove
			□Change
		<del>.</del>	
			Change
		□Add	
			□Remove
			□Change
		□Add	
			□Remove
		□Change	
			□Add
		□Remove	
		□Change	
			[:]Add
		□Remove	
			□Change

	ation, enter change(s) here: (Attach addition	, ,
-		<u> </u>
<del></del>		
		<del></del>
·		
		_
		<u> </u>
	<u> </u>	
		<u> </u>
Effective date, if other than the (If an effective date is listed, the date im Note: If the date inserted in this bedocument's effective date on the I	e date of filing:  Ist be specific and cannot be prior to date of filing or more clock does not meet the applicable statutory filing to Department of State's records.	(optional) e than 90 days after filing.) Pursuant to 605.0207 (3 requirements, this date will not be listed as th
ne record specifies a delayed effecti ord is filed.	ve date, but not an effective time, at 12:01 a.m. on	the earlier of: (b) The 90th day after the
Dated	. 2021	
	/s/ Blake Corbin Signature of a member or authorized representative of	
	Signature of a member of authorized representative of	a memori

Filing Fee: \$25.00