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(Document Number)
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11/05/21--01012--017 **25.00

11-12-21 T.A.S.



COVER LETTER

TO: Registration Section Division of Corporations

TO THE MOON SERVICES LLC

SUBJECT: ____

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:

RAFAEL J GUERRA

Name of Person

TO THE MOON SERVICES LLC

Firm/Company

2339 FREEDOM ST

Address

HOLLYWOOD FL 33020

City/State and Zip Code

TOTHEMOONSERVICESLLC@GMAIL.COM

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

For further information concerning this matter, please call:

RAFAEL J GUERRA 7869072699 _______at (_____)_____

Name of Person

Area Code

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)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Daytime Telephone Number

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TO THE MOON SERVICES LEC

(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 05-21-2021	and assigned
Florida document number L21000237605	

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 "LLC."

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)		70 8
B. If amending the registered agent and/or registered off	ice address on our records, <u>en</u>	ter the name of the new registered
agent and/or the new registered office address here:		9.58
Name of New Registered Agent:		C
New Registered Office Address:		
	Enter Florida street ad	dress
		Florida
	Cinv	Zin Conle

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

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<u>Title</u>	Name	Address	Type of Action
AMBR	SANTAMARIA, JORGE I	5980 W FLAGLER ST., APT. 4 MIAMI, FL 33144	🗆 Add
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			🗋 Change

D.	If amending any other informatic	n, enter change(s) here:	(Attach additional	l sheets, if nec	essary.)

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E. Effective date, if other than the date of filing: ______(optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after (filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

NOVEMBER 1 Dated	2021	
	Romer	
	Signature of a member of authorized representative of a member	
RAFAEL J GUERRA	N	

Typed or printed name of signee