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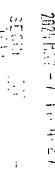
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Certified Copies Certificates of Status
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05/07/24--01043--020 **55.00



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

POMPOUS MOON LLC		
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	iv as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company for ida document number $\frac{1.21000264684}{1.000264684}$.	were filed on	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
he new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" o	or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:	Pompous Moon LLC	
Principal office address MUST BE A STREET ADDRESS)	1539 White Hawk Way	22 Z3
	Groveland, FL 34736	16 元
•		
Inter new mailing address, if applicable:	Pompous Moon LLC	-
Mailing address MAY BE A POST OFFICE BOX;	1539 White Hawk Way	70
	Groveland, FL 34736	manus de la companya
		. :
3. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here	•	enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	
	City	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 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>	Address	Type of Action
AMBR	MICHELLE COVINGTON	1539 WHITE HAWK WAY	7
		GROVELAND, FL 34736	Add
		GROVELAND, CL 34730	■ Remove
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ctive date if other than the c	ute of filing:	(ontional)
effective date is listed, the date must	e specific and cannot be prior to date of filing or t	(optional) more than 90 days after filing.) Pursuant to 605,02
<u>e:</u> 11 the date inserted in this blo iment's effective date on the De _l	k does not meet the applicable statutory filli	ng requirements, this date will not be listed
ecord specifies a delayed	effective date, but not an effective	time, at 12:01 a.m. on the earlier
ne 90th day after the reco	d is filed.	
February 9	2024	
ed		
	But DC Ast	
	gnature of a member or authorized representative	e of a member