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(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
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(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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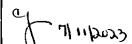
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## COVER LETTER

Registration Section

Tallahassee, Fl. 32314

TO:

Div	ision of Corp	porations		
	BLACK MO	OON AMERICA LLC		
SUBJECT:		Name of Limit	ted Liability Company	
The enclosed	l Articles of A	Amendment and fee(s) are subt	nitted for filing.	
Please return	all correspoi	ndence concerning this matter t	to the following:	
		Cynthia Lijtmaer		
			Name of Person	
		Freedom Investments LLC		Daytime Telephone Number  S60.00 Filing Fee, Certificate of Status & Certified Copy (saddicaal ceps in carlosed)
			Firm/Company	
		19370 Collins Ave # 1207		
			Address	
		Sunny Isles Beach 33160		<u> </u>
		clijtmaer@hotmail.com	City/State and Zip Code	
			to be used for future annual report no	otification)
For further i	nformation co	oncerning this matter, please co	all:	
Cynthia Lij	lmaer		786 651-7450	
	Name o	Person	Area Code Dayt	ime Telephone Number
Enclosed is	a check for th	ne following amount:		
<b>■</b> \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
	ailing Addres		<u>Street Address:</u> Registration 9	
Di	ivision of C	Corporations	Division of C	Corporations
	O. Box 632 illahassee, 1			roe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



BLACK MOON AMERICA LLC

2023 HAY 15 PM 5: 23

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our hability Company)	records.)	, , , <u>, , , , , , , , , , , , , , , , </u>
The Articles of Organization for this Limited Liability Company	were filed on 01/03/2022		and assigned
Florida document number 1.22000009293			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designatio	n "LLC" or the abbi	reviation "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)			<del></del>
B. If amending the registered agent and/or registered office	address on our records.	enter the name	of the new regis
agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
THE RESIDENCE OF THE PROPERTY	Enter Florida stree	t address	
		, Florida	Zin Code
	City		Am Code

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Cynthia Lijtmaer	20900 NE 30TH AVE Suite 703 Aventura FL 33180	
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		·	□Change
			□Add
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Iffective date, if other than the date must be a left of the date is listed, the date must be a left of the date inserted in this blocklocument's effective date on the Dep	k does not meet:	the applicable :	e of filing or more statutory filing r	(option than 90 days after equirements, this	onal) filing.) Pursuant to s date will not be	605.0207 listed as
record specifies a delayed effective of is filed.	late, but not an e	effective time, a	it 12:01 a.m. on	the earlier of: (b	) The 90th day i	after the
ated May 8		023	_			
	$\bigcap$	12 Pm				
	ignature of a mem	ber or authorized	representative of	a member		-

Filing Fee: \$25.00