L22000027174

	(Requestor's Name)
	(Address)
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((Address)
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: FULL MOON TRUCKINGS LLC Name of Limited Liability Company	
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:	
Please return all correspondence concerning this manner to the service of	
Marvens Simeus Name of Person	
Transportation Finn/Company	
14850 NE 8th ave	
Address	
Miami FL 33161 City/State and Zip Code	
•	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Marvens Simeus at (954) 646-0216 Area Code Daytime Telephone Number	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount: \$\mathbb{E}\$ \$25.00 \text{ Filing Fee} \mathbb{E}\$ \$30.00 \text{ Filing Fee} \mathbb{E}\$ \$55.00 \text{ Filing Fee} \mathbb{E}\$	
## \$25.00 Filing Fee ## \$30.00 Filing Fee ## \$55.00 Filing Fee ## \$55.00 Filing Fee ## \$50.00	
Mulling Address: Street Address:	
Registration Section Registration Section	
Division of Corporations Division of Corporations	
P.O. Box 6327 The Centre of Tananassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FULL MOON TRUC (Name of the Limited Liability Compa (A Florida Limited L	NTNGS LLC ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 2200027174</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liab	illity company here:
The new name must be distinguishable and contain the words "Limited Liabi Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Hity Company," the designation "LLC" or the abbreviation "LLC" 407 Lincoln Rd Svite 67 PMB 7096 Miam: Beach, FL 33139
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	14850 NE 8th ave Miami F1, 33161
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent: New Registered Office Address: 407 L Mia	incoln Rd Soite 64 Enter Florida street address Mi Blach Florida 33139 City Zip Code
St Designated Agent's Signature if changing Registered Ager	it;

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:

of temoved from day records.
MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
			□ Add
			□Remove
			□ Change
			□ Add
			□Remove
			Change
			□Remove
			Change
			□ Add
			□Remove
			□Change
			□ Add
			□Remove
			Change
			□Remove
			□Change

i amei	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ive date, if other than the date of filing:
e reco	rd 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 iled.
Dated	Name Signature of a member or authorized representative of a member
	Machens Simeus
	Typed or printed name of signee