Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	Division of Corporations				5.7	c
	Fax Number : (850)617-6383				SS O J	<u> </u>
From:					S	=======================================
	Account Name : PARASEC				ne.	0. 23
	Account Number : I20180000086 Phone : (916)576-7000				· 🛱	2
	Fax Number : (800)603-5868					
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Electronic Filing Menu

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. To: 18506176383 From: 19166105073 Date: 11/08/22 Time: 8:21 PM Page: 03/05

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LUNAR BLUE SERVICES LL		<b>20</b> 2
(Name of the Limited Liability Compa (A Florida Limited L	ny a <u>s it now appears on our records.</u> ) Liability Company)	P 2022 NOV SEICRE IN TALL A
The Articles of Organization for this Limited Liability Company	were filed on 03/10/2022	and assigned
Florida document number L22000122349		Y OF A
This amendment is submitted to amend the following:		<b>D</b> # 8: 2
A. If amending name, enter the new name of the limited liabi	ility company here:	· <u>H</u> 23
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	13876 SW 56th St Suite 107	
(Principal office address MUST BE A STREET ADDRESS)	Miami FL, 33175	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	13876 SW 56th St Suite 107 Miami FL, 33175	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:		name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid	la
	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.

To: 18506176383 From: 19166105073 Date: 11/08/22 Time: 8:21 PM Page: 04/05

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

Title	Name	Address	Type of Action
<u>MGR</u>	MAKSYIM ZAITSEV	13876 SW 56th St Suite 107	□Add
		Miami FL, 33175	□Remove
			(X) Change
			⊡Add
			□Remove
			Change
***************************************			□Add
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nan eticet Note: If	date, if other than the date of filing:
e record s rd is filed	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
Dated	November 7 2022
	11/10 mayor / marsh
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00