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(Re	questor's Na	me)	
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(Cit	y/State/Zip/P	hone #)	
PICK-UP	☐ WAIT		MAIL
(Bu	siness Entity	Name)	
(Do	cument Num	ber)	
Certified Copies	_ Certific	ates of S	tatus
Special Instructions to	Filing Officer		
	Office Use	e Only	



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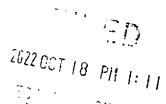
COVER LETTER

TO:

Registration Section

Division of Cor	porations		
, MOONLIT	MAYHEM LLC		
SUBJECT:	Name of Lim	ited Liability Company	_
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Cheyenne Moseley		
		Name of Person	
	Legalzoom.com, Inc.		
		Firm/Company	
	101 N Brand Blvd 11th Fl		
•		Address	
	Glendale, CA 91203		
		City/State and Zip Code	
	npsrichard@gmail.com		
	E-mail address: (to be used for future annual report not	tification)
For further information co	oncerning this matter, please co	olt:	
Cheyenne Moseley		800 773-0888 at ()	
Name o	Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for th	ne 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)
Registr Divisio P.O. Bo	ING ADDRESS: ation Section in of Corporations ox 6327 ssee, FL 32314	STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3	orations Senter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



MOONLIT MAYHEM LLC

<u>(5</u>	ame of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	Property States
The Articles of Organization for	this Limited Liability Company v	vere filed on 07/25/2022	and assigned
Florida document number L2200			
This amendment is submitted to			
A. If amending name, enter th	e new name of the limited liabil	ity company here:	
The new name must be distinguishable	and contain the words "Limited Liabilit	y Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices add	ress, if applicable:		
(Principal office address MUST	BE A STREET ADDRESS)		
Enter new mailing address, if a	pplicable:		
Mailing address MAY BE A Po	<u> PST OFFICE BOX)</u>		
	ed agent and/or registered off registered office address here		enter the name of the r
Name of New Register	ed Agent:	<u></u>	
New Registered Office	Address:		
		Enter Florida street address	
		, Flori	da
		City	Zip Code
	e, if changing Registered Agent:		
provisions of all statutes relati accept the obligations of my po	nt as registered agent and agred we to the proper and complete position as registered agent as pro- change in the registered office of writing of this change.	erformance of my duties, and i ovided for in Chapter 605, F.S	I am familiar with and S. Or, if this document is
	If Chang	ing Registered Agent, <u>Signature of N</u>	lew Registered Agent

If amendin or removed	g Authorized Persoi I from our records:	n(s) authorized t	to mana	ge, enter the title, name, and address of eac	h person being added
. MGR = Manager AMBR = Authorized Member					
<u>Title</u>	<u>Name</u>			Address	Type of Action
AMBR	Tami Valdes			12820 SW 43rd Dr. #233B, Miami, FL 33175	■ Add
					☐ Remove
					Change
	<u></u>				□ Add
					Remove
					Change
					Remove
					Change
					Add
					Remove
					Change
					Add
					Remove
					Change
					D Add
					□ Remove
					Change

	.	
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Note:	If the date inserted in th	the date of filing:
	cord specifies a dela e 90th day after the	yed effective date, but not an effective time, at 12:01 a.m. on the earlier of record is filed.
Dated	10-15	. 2522.
		Signature of a member or authorized representative of a member
		1
	Richard Valdes	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00