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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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2023 FEB -8 PH 2: 04
SECRETARY OF STATE
TALLAHIASSEE, FI

COVER LETTER

TO: Registration So Division of Cor			, `	>	:
MOONLIC	GHT ORGANICS LLC		•	4	
30BJEC &	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	CARLOS PEREZ				
		Name of Person		_	
	C PEREZ PROFESSIONA	AL SERVICES, INC			
		FirmeCompany		- .a N	
	4343 W WATERS AVE			2023 FEB SECRET TALL!	- ا
		Address			0 tr 740
	TAMPA, FL 33614			25.5 25.5 26.5 26.5 26.5 26.5 26.5 26.5	} { }
		City/State and Zip Code		PM 2: 04 OF STATE SSEE, FL	Į.,
	CPEREZPROSVCSINC@C			구로 요	
	E-mail address: (to be used for future annual report notifi	cation)	m +	
For further information c	oncerning this matter, please ex	all:			
CARLOS PEREZ		813 249-2300 at ()			
Name o	t Person		Telephone Number	er	
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Status &	ŀ
<u>Mailing Addres</u> Registration		Street Address: Registration Sec	tion		
Division of C		Division of Corp			
P.O. Box 632		The Centre of T:			

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MOONLIGHT ORGANICS LLC		
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) lability Company)	
he Articles of Organization for this Limited Liability Company	were filed on 01-12-2023	and assigned
Torida document number 1.23000027458		
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	ity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		923 750
		CR FE
		AHR -8
Enter new mailing address, if applicable:		SSC P III
Mailing address MAY BE A POST OFFICE BOX)		Es 2
		무의
3. If amending the registered agent and/or registered office a	ddress on our records, enter the na	ame of the new regis
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·	
	Enter Florida street address	
	, Florida	
	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 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
MGR	ANGELA GABRIELA PORRAS	16602 NORWOOD DR, TAMPA FL 33624	= Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			_ F⊇ Add
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Effective date, if other than the date of filing: O1-29-2023			· · · · · · · · · · · · · · · · · · ·			
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