L23000374567

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COVER LETTER

TO:

Registration Section

Division of Cor	rporations		,		
Moon True	eking LLC				
SUBJECT:	Name of Lin	nited 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:			
	Nicolas B. Gonzalez				
	 	Name of Person			
	Moon Trucking LLC				
	- · · · · · · · · · · · · · · · · · · ·	Firm/Company			
	2920 Alt 19 #147				
		Address			
	Dunedin Florida 34698				
		City/State and Zip Code			
	benja7223@gmail.com				
	E-mail address: (to be used for future annual report no	tification)		
For further information of	concerning this matter, please c	all:			
Nicolas B. Gonzalez		970 590-8452 at ()			
Name o	of Person		me Telephone Number		
Enclosed is a check for the	he 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)		
Mailing Address		Street Address:	ection		
Registration Section Division of Corporations		-	Registration Section Division of Corporations		
P.O. Box 632	.7	The Centre of	Tallahassee		
Tallahassee,	FL 32314	2415 N. Monre	oe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Moon Trucking LLC				
(Name of the Limi	ted Liability Comp (A Florida Limited	алу as it now appears o Liability Company)	n our records.)	
ne Articles of Organization for this Limited Lorida document number L23000374567	iability Compan	y were filed on $\frac{08/09}{1}$	/2023	and assigned
is amendment is submitted to amend the foll	owing:			
If amending name, enter the new name o	f the limited lia	bility company here	:	
ix O'Clock LLC				
e new name must be distinguishable and contain the v	vords "Limited Liab	ifity Company," the desig	gnation "LLC" or the abbr	eviation "L.L.C."
nter new principal offices address, if applic	able:	N/A	100 100 100	024 31
rincipal office address MUST BE A STREE	<u>ET ADDRESS)</u>		<u></u>	II
			52	26
nter new mailing address, if applicable:		N/A	SO TO TO	PH 6:
lailing address MAY BE A POST OFFICE	POV)		= 1	5
If amending the registered agent and/or i ent and/or the new registered office addre		address on our reco	ords, <u>enter the name</u>	of the new regis
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A			
		Enter Florida	street address	
	N/A		, Florida ^{N/A}	
	<u></u>	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 Changing Registered Agent, Signature of New Registered Agent

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
N/A	N/A	N/A	□ Add
			□Remove
			□Change
		·	□Add
			Change
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			□Change

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ffective date, if other than the	date of filing:			(ор	tional)	
an effective date is listed, the date mu ote: If the date inserted in this b						
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The sour day after the rec	ora is mea.					
January 23	:	2024				
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K	/2/					
	Signature of a met	nber or authoriz	ed representative o	f a member		-

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