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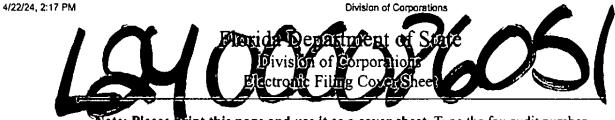
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TO:18506176383 FROM:4079449857

Division of Corporations



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : ATHENA BUSINESS AND TAX ADVISORS LLC

Account Number : I20230000123 Phone : (407)777-2501

Fax Number : (407)777-2502

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: ANDREIA QUATHEWATAXADVISORS, COM

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **VOA MOOD LLC**

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T. LEMIEUX

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Page: 04/22/2024 02:23 PM TO:18506176383 FROM: 4079449857 **COVER LETTER** TO: Registration Section **Division of Corporations** SUBJECT: VOA MOOD Name of Limited Lishility Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: <u>Andrgia Guimarães</u> Name of Person ATHENA BUSINESS 4680 UNIVERSAL BLVD ANDREIA & ATHENATAX ADVISORS. COM
E-mail address: tto be used for future annual report notification) For further information concerning this matter, please call: ANDREIA GUIMARĀCS Name of Person Enclosed is a check for the following amount: S25.00 Filing Fee

S25.00 Filing Fee

■ S25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fcc & ☐ \$60.00 Filing Fcc. Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)

> Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroc Street, Suite 810 Tallahassee, FL 32303 Page: 3 04/22/2024 02:23 PM TO:18506176383 FROM:4079449857

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VOA MOOD LLC (Name of the Limited Liability Co (A Florida Lim	ompany as it now apacars in	our resords.)
(A Florida Lim	itted Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Comp	and assigned	
Florida document number <u>L24000086051</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited li	Liability Company," the desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES.	<u>Si</u>	
Enter new mailing address, if applicable:		200
(Mailing address MAY BE A POST OFFICE BOX)		
(Maining Heartess WAY) BEAT OBY OF FICE BONY		: 2
B. If amending the registered agent and/or registered off	fice address on our reco	rds, enter the name of the new registered
agent and/or the new registered office address here:		<u> </u>
		ယ ဟ
Name of New Registered Agent:	<del> </del>	(
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.

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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
AMBR	GMEDIA PLUS CORP	4680 UNIVERSAL BLUD STE LO	2_ □Add
		ORLANDO, FL 32819 US	<b>Ж</b> Rепто <b>vc</b>
			□Change
AMBR	G MEDIA PLUS LLC	4680 UNIVERSAL BLUD STE 100	<b>Z</b> ∧dd
		ORLANDO, FL 32819 US	□Remove
			□Change
			C'Add
			_ []Remove
<del></del>			DAdd
			Remove
			Change
			□Add
			🗀 Remove
			_ DChange
<del></del>			_ ⊡Add
			_ □Remove
			_ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) (optional) E. Effective date, if other than the date of filing: \_ (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.in. on the earlier of: (b). The 90th day after the record is filed. 水 Dated APRIL Signature of a inember or authorized representative of a member BONI Typed or printed name of signee Diogo

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Filing Fee: \$25.00