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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@ATHENATAXADVISORS.COM

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

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APR 23 2024

T. LEMIEUX

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: VOA MOOD LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANDREIA GUIMARÃES

Name of Person

ATHENA BUSINESS AND TAX ADVISORS LLC

Firm/Company

7680 UNIVERSAL BLVD STE 100

Address

ORLANDO, FL 32819

City/State and Zip Code

ANDREIA@ATHENATAXADVISORS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANDREIA GUIMARÃES

Name of Person

at (407) 444 2501

Area Code

Daytime Telephone Number

Enclosed is a check for the 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:

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. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

VOA MOOD LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned
Florida document number L24000086051.

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 Liability 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**) _____

Enter new mailing address, if applicable: _____

(Mailing address **MAY BE A POST OFFICE BOX**) _____

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent 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 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	GMEDIA PLUS CORP	7680 UNIVERSAL BLVD STE 100	<input type="checkbox"/> Add
		ORLANDO, FL 32819 US	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	G MEDIA PLUS LLC	7680 UNIVERSAL BLVD STE 100	<input checked="" type="checkbox"/> Add
		ORLANDO, FL 32819 US	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(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.m. on the earlier of: (b) The 90th day after the record is filed.

Dated APRIL 1st, 2024

Diogo Boni

Signature of a member or authorized representative of a member

Diogo Boni

Typed or printed name of signee

Filing Fee: \$25.00