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(1	Requestor's Name)	
(,	Address)	
(,	Address)	
····(ı	City/State/Zip/Phone #)	
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(1	Business Entity Name)	
(1	Document Number)	
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06/18/24--01002--016 **25.00

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COVER LETTER

Division of Corpora			
SUBJECT: SUA 9	Moon Soap,	LLC	
30101.c1.	Name of Limi	ted Liability Company	
The enclosed Articles of Ame	endment and fee(s) are subr	mitted for filing.	
Please return all corresponder	nce concerning this matter t	to the following:	
	Susan	E. Taylor Name of Person	
-		Name of Person	
	Sun F	Moon Soap, 1	LC
_		Firm/Company	
_	1580 Vinela	nd Circle, Unit	В
		ridaress	
-	Fleming Is	land Florida City/State and Zip Code	32003
	Quetaulor	210@ cmc 1 100	
_	E-mail address: (t	320@gmail.com	rt notification)
For further information conce	rning this matter, please ca	H:	
_ Susan E. Ta	Mor	ar (904) 25	13 <i>4</i> 252
Name of Pers	4 1 U		Daytime Telephone Number
Enclosed is a check for the fo	llowing amount:		
□ \$25.00 Filing Fee	330.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Sect	ion	Street Addre	rss:
Division of Corpe		Registratio	n Section Corporations
P.O. Box 6327			of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sun : Moon Snap	LLC				
(Name of the Limited Liabilit (A Florida	y Company as It now appears or Limited Liability Company)	our records.)			
The Articles of Organization for this Limited Liability Company were filed on $03/04/2024$ and assigned Florida document number 10885 .					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limi	ted liability company here:				
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the desig	nation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:		7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7			
(Principal office address MUST BE A STREET ADDR	ESS)				
		19			
		SSES PR			
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>			
		· · · · · · · · · · · · · · · · · · ·			
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our reco	rds, enter the name of the new registered			
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>	Address	Type of Action
AMBR	Susan E. Taylor	15% Vineland Circle, Unit B Fleming Island, Flunda 32003	DAdd
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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			□Remove
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1			□Remove
7			□ Change

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(If an et Note:	tive date, if other than the date of filing: 6-19-2024 (optional) Tective 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 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
the reco	rd 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 iled.
Dated	June 19th . 2024.
	June 19th Super Company Signature of a member or authorized representative of a member

Filing Fee: \$25.00