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EXPEY EXPERT

COVER LETTER

	Registration Se Division of Cor			н
end inc	Midnight M	loxie, LLC		
SUBJEC	1:	Name of Lim	nited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please ret	um all correspo	ondence concerning this matter	to the following:	
		Jennifer Flodin		
			Name of Person	
		Midnight Moxie, LLC		
			Firm/Company	
		1287 Tangerine Dr		
			Address	
		Jacksonville, FL 32259		
			City/State and Zip Code	
		jennifer@jenniferflodin.com	n to be used for future annual report not	itication
For furthe	r information c	oncerning this matter, please c	·	meation
Jennifer F		,	904 476-6233	
		f Person	at ()	ne Telephone Number
Enclosed	is a check for th	ne following amount:		
≅ \$ 25.0	0 Filing Fee	S30.00 Filing Fec & 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)
F I F	Mailing Addres Registration S Division of C P.O. Box 632 Fallahassee, F	Section orporations 7	Street Address: Registration Se Division of Co The Centre of T 2415 N. Monro Tallahassee, FL	rporations Fallahassee be Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Midnight Moxie, LLC		
(<u>Name of the Limited Liab</u> (A Flori	llity Company as it now appears on our records.) da Limited Liability Company)	_
•	(241.24	
he Articles of Organization for this Limited Liability	Company were filed on $\frac{03/11/24}{}$ and	d assigned
lorida document number 1.24000121874		
this amendment is submitted to amend the following:		
. If amending name, enter the new name of the li	nited liability company here:	
Ç.		
he new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" or the abbreviation	n "L.L.C."
Enter new principal offices address, if applicable:		
<u>Principal office address MUST BE A STREET ADE</u>	<u>DRESS)</u>	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
with a second se		
Transanding the projectived agent and/or register	ed office address on our records, enter the name of the	a many marriet
s. If amending the registered agent and/or register igent an <u>d/or</u> the new register <u>ed office</u> address here		e new regist
general and the second	•	
N. CM. D. C. A.		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City Zip C	ode

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

Title	Name	<u>Address</u>	Type of Action
AMBR	Michael Flodin	1287 Tangerine Dr.	□ Add
		Jacksonville, FL 32259	≡ Remove
			Remove
			Change
			Remove
			☐ Change
			⊡ Remove
			□ Change
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			Change
			_ _ _ _ _ \Add
			□Remove
			☐Change

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ffective date, if other than t	the date of filing: (optional) must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02
ote: If the date inserted in this	s block does not meet the applicable statutory filing requirements, this date will not be listed
ocument's effective date on the	e Department of State's records.
record specifies a delayed effec Lis filed.	ctive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
. June 8th	2024
ated	· · · · · · · · · · · · · · · · · · ·
	1 1 1 1 2 2 2 3

Filing Fee: \$25.00

Typed or printed name of signee