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(Requ	iestor's Name)	
(Addr	ess)	
(Addr	PCC)	
(City/	State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to Fil	ing Officer	
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Office Use Only



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COVER LETTER

TO:	Registration Se Division of Cor			
SUBJE(Grey Moon	LLC		
30DaE	C1	Name of Limi	ted Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		larry hope		
		-	Name of Person	
		Grey Moon LLc		
			Firm/Company	
		1810 sw 99th ave		
			Address	
		miramar fl 33025		
			City/State and Zip Code	···
		connect.greymoon@gmail.c	om o be used for future annual report notifi	cation)
For furtl	her information c	oncerning this matter, please ca	·	
larry ho	pe		305 7615215	
	Name o	f Person		Telephone Number
Enclose	d is a check for th	ne following amount:		
■ \$25	.00 Filing Fee	S30.00 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 Addres Registration S		Street Address: Registration Sect	tion

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

Grey Moon LLC		
(Name of the Limi	ted Liability Company as it now appea (A Florida Limited Liability Company)	ars on our records.)
ne Articles of Organization for this Limited L		7/22/2024 and assigned
orida document number L24000324046		
nis amendment is submitted to amend the fol	lowing:	
If amending name, enter the new name of	of the limited liability company b	<u>nere</u> :
e new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LI.C" or the abbreviation "L.L.C."
nter new principal offices address, if appli		.)
•		,
Principal office address MUST BE A STRE	ET ADDRESS)	
		()
		ω.·ν
nter new mailing address, if applicable:		
<u>Mailing address MAY BE A POST OFFICE</u>	<u> BOX)</u>	
		
. If amending the registered agent and/or	registered office address on our	records, enter the name of the new regi-
gent and/or the new registered office addr	ess nere.	
	Joel Garcia	
Name of New Registered Agent:	Joer Clareta	
Name of New Registered Agent:		-
Name of New Registered Agent: New Registered Office Address:	2114 n flamingo rd	lorida street address
	2114 n flamingo rd	lorida street address , Florida 33028

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
Mr	Bernard Sanchez	2114 n flamingo rd pembroke pines fl 33028	≣ Add
			□Remove
			□ Change
			□Add
			□Remove
			□ Change
			□Add
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fective date, if other than t	he date of filing:		_ (optional)
ote: If the date inserted in this	must be specific and cannot be prior block does not meet the appli Department of State's records	cable statutory filing requirement	lays after filing.) Pursuant to 605.0207 ents, this date will not be listed as
ecord specifies a delayed effectis filed.	tive date, but not an effective	time, at 12:01 a.m. on the earli	er of: (b) The 90th day after the
07/30/2024 ited	6:08		
	7 /	·	
	4		
	776	horized representative of a membe	

Typed or printed name of signee