P14000087107

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: MOON CALL CORP

DOCUMENT NUMBER: P14000087107

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

Please return all correspondence concerning this matter to the following:

SANDRA DI CATALDO

Name of Contact Person MOON CALL CORP Firm/ Company 1900 KEYSTONE BLVD Address NORTH MIAMI, FL 33181 City/ State and Zip Code

sandradicataldo@gmail.com

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

For further information concerning this matter, please call;

SANDRA DI CATALDO	786	606-4415
	ut ()
Name of Contact Person	Area Code	& Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

👜 - 835 Filing Fee

□ \$43.75 Filing Fee & Certificate of Status S43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

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

Mailing Address

<u>Street Address</u> Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

	to Articles of Incorporation of	FILED DO21 SEP 30 AM 9:45
MOON CALL CORP	2	1021 SEP 20
(<u>Name of Corpora</u>	ation as currently filed with the Florida De	pt. of State) AM 9:45
1/14000087107		HARY SE STOR
(Doc	ument Number of Corporation (if known)	The price
Pursuant to the provisions of section 607,1006, Flori its Articles of Incorporation:	da Statutes, this <i>Florida Profit Corporation</i> :	adopts the following amendment(s) to
A. If amending name, enter the new name of the	corporation:	
N A		The new
name must be distinguishable and contain the word " "Inc., " or Co.," or the designation "Corp," "In "chartered," "professional association," or the abb	e," or "Co". A professional corporation	
B. <u>Enter new principal office address, if applicat</u> (Principal office address <u>MUST BE A STREET AI</u>		
C. <u>Enter new mailing address, if applicable:</u> (Mailing address <u>MAY BE A POST OFFICE B</u>	<u>80X</u>) <u>N/A</u>	
D. If amending the registered agent and/or regist new registered agent and/or the new registere		<u>ame of the</u>
Name of New Registered Agent		<u> </u>
······	tFlorida street address)	
New Registered Office Address:		_, Florida
	(City)	_, Florida (Zip Code)
<u>New Registered Agent's Signature, if changing R</u> I hereby accept the appointment as registered agent.	e <mark>gistered Agent:</mark> I am familiar with and accept the obligatio	ns of the position.

Signature of New Registered Agent, if changing

Check if applicable

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■ The amendment(s) is are being filed pursuant to s. 607.0120 (11) (c), F.S.

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Example:

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = ChiefExecutive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held,President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change \mathbf{PT} John Doe X Remove Ā. Mike Jones N. Add <u>SV</u> Sally Smith Type of Action Title <u>Address</u> <u>Name</u> (Check One) VΡ MIGUEL DEICH 1900 KEYSTONE BLVD 1) ____ Change NORTH MIAMI, FL 33181 ____ Add Х .____ Remove 2) ____ Change ____ Add 3) ____ Remove _____ Add ____ Remove 4) ____ Change _____ Add ___ Remove 57 Change ____ Add ____ Remove (i) ____ Change _____ Add Remove

(Attach	additional sheet	s, (f necessary).	<u>icles, enter chang</u> (Be specific)				
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			nange, reclassifie:				
			<u>ndment if not co</u> r	<u>ntained in t</u>	<u>he amendment</u>	itself:	
	t not applicable.						
THIS AM	ENDMENT PRO	DVIDES FOR A	RECLASSIFICA	TION OF A	LL ISSUED SH	ARES AS FOLL	OWS:
			100 63 21 00 211		owneneum	. 1/1/2 0.2	
SANDKA		PRESIDENT	100 @ \$1.00 SHz	ARES	OWNERSHIP	100 %	
	·	·					
			·····				

Effective date if applicable: ____

mo more than 90 days after amendment file date,

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.

Adoption of Amendment(s) (CHECK ONE)

- The amendment(s) was were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- L. The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- The amondment(s) was-were approved by the shareholders through voting groups. The following statement sets the separately provided for each voting group entitled to vote separately on the amondment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval

	(voting group)
09.23/2 Dated	
Signature	Jacetes Ballel
sele	a director, president or other officer – if directors or officers have not been cred, by an incorporator – if in the hands of a receiver, trustee, or other court conted fiduciary by that fiduciary)
	SANDRA C DI CATALDO
	(Typed or primed name of person signing)
	PRESIDENT

(Title of person signing)

_____, if other than the