P180000097422

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SECRETARY OF STATE
TALLAHASSEE, FL

Mr - 3 July

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: RED MOON VEN	TURE INC.	
DOCUMENT NUMB	ER: P18000097422		
	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	condence concerning this ma	tter to the following:	
Ī	Linda M. Lukas		
-		Name of Contact Persor	ï
ı	L Management Group LEC		
-		Firm/ Company	
ł	8955 US HWY 30 ≵ N Box 30	7	
-		Address	
Ī	PARRISH, FL 34219		
-		City/ State and Zip Cod	e
LLPRO	OPERTYMANAGEMENT(ROUP@GMAIL.COM	
		sed for future annual report	notification)
		•	
For further information	concerning this matter, pleas	se call:	
17Linda M. Lukas		at (⁷¹⁴	381-1723
Name o	f Contact Person) de & Daytime Telephone Number
Name	Contact Coston	Area Co	de de Daytime Pelephone Punitori
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amer Divis P.O.	ing Address indment Section ion of Corporations Box 6327 hassee, FL 32314	Ameno Divisio Clifton 2661 E	Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301

Articles of Amendment to Articles of Incorporation of

RED MOON VENTURES INC.

(Name of Corporation as currer P18000097422	ntly filed with the Florida Dept. of State)
	of Corporation (if known)
	is Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporat "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	10716 55TH COURT EAST
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	PARRISH, FLORIDA 34219
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office adnew registered agent and/or the new registered office addre	<u>ss:</u>
Name of New Registered Agent 10716 (Florida N	1. LUKAS COVET EAST ARRISH FL 34219 street address)
New Registered Office Address: PARR (SH	. Florida 34515 (City) (Zip Code)
New Registered Agent's Signature, if changing Registered Ager I hereby accept the appointment as registered agent. I am familian	nt: r with and accept the obligations of the position. Registered Agent, if changing

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 = Chief Executive 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.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
f) Change	SEC	LINDA M. LUKAS	8955 US HWY 302N BOX 307
X Add	-		PARRISH, FL 34219
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			-
Add			
Remove			
5) Change	 -		
Add			
Remove			
6) Change			
Add			
Remove			

	(Be specific)	s) here:		
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f an amendment provides for an exch	iange, reclassificatio	on, or cancellation of i	issued shares	
f an amendment provides for an exch provisions for implementing the ame	tange, reclassification	on, or cancellation of timed in the amendmen	issued shares, nt itself:	
f an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	tange, reclassification ndment if not conta	on, or cancellation of lined in the amendmen	issued shares, nt itself:	
provisions for implementing the ame	tange, reclassification	on, or cancellation of tined in the amendmen	issued shares, nt itself:	
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provisions for implementing the ame	tange, reclassification	on, or cancellation of tined in the amendmen	issued shares, nt itself:	

The date of each amendment(s) adoption:	, if other than th
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, thi document's effective date on the Department of State's records.	s date will not be listed as th
Adoption of Amendment(s) (<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment by the shareholders was/were sufficient for approval.	ent(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement be separately provided for each voting group entitled to vote separately on the amendment(s):	tement
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
. The amendment(s) was/were adopted by the board of directors without shareholder action and shareh action was not required. The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder	
action was not required.	ſ
06/18/2019 Dated	
Signature Dy Changa All good	
(By a director, president or other officer – if directors or officers have not be selected, by an incorporator – if in the hands of a receiver, trustee, or other of appointed fiduciary by that fiduciary)	
DYTANYA ALLGOOD	
(Typed or printed name of person signing)	
CEO	
(Title of person signing)	