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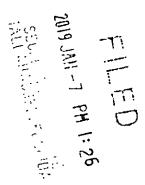
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<b>A</b> )	Address)	
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PICK-UP	☐ WAIT	MAIL
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### **COVER LETTER**

TO:	Registration Se Division of Cor			
		NA GROUP LLC		
SUBJI	ECT:	Name of Lin	nited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	-
		CHRISTIAN LOPEZ		
		SOL Y LUNA GROUP LI	Name of Person .C	
		2330 NW 98TH LANE	Firm/Company	<del></del>
		Coral Springs, FL 33065	Address	<del></del>
		CHRIS.USA@MAIL.COM	City/State and Zip Code	
		E-mail address: (	to be used for future annual report notif	ication)
For fur	ther information co	oncerning this matter, please co	all:	
CHRIS	STIAN LOPEZ		954 665-0111	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclose	ed is a check for th	e following amount:		
<b>Ì</b> ₹ \$2:	5.00 Filing Fee	□ \$30.00 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)

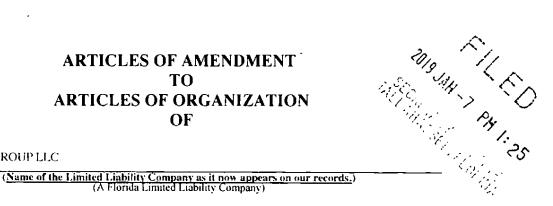
MAILING ADDRESS:

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

#### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**



SOLY LUNA GROUP LLC

The Articles of Organization for this Limited Liability Company were filed on 4/10/2012Florida document number L12000048473 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent:

#### New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

, Florida \_

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 = M $AMBR = A$	lanager authorized Member	-	
<u>Title</u>	Name	Address	Type of Action
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			□ Remove
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			□ Remove
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			Change
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of the United States and of the	State of Florida.		
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reffective date is listed, the date must be	be specific and cannot be prior to date	(optional) of filing or more than 90 days after filing.) Pursuant to ( ututory filing requirements, this date will not be l	505.020
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record specifies a delayed	effective date, but not an e	ffective time, at 12:01 a.m. on the ea	rlier o
he 90th day after the reco	ra is filea.		
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Typed or printed name of signee

Filing Fee: \$25.00