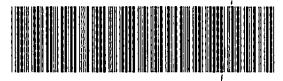
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COVER LETTER

TO:		egistration Se ivision of Cor				
em	IDCT		NA GROUP LLC			1
Sun	SJECT	:	Name of Lim	ited Liability Company		
The	enclos	ed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Pleas	se retu	rn all correspo	ondence concerning this matter	to the following:		
			CHRISTIAN LÕPEZ			
			SOL Y LUNA GROUP LE	Name of Person .C		
			2330 NW 98TH LANE	Firm/Company		
			CORAL SPRINGS FL 330	Address 065		
			CHRIS.USA@MAIL.COM	City/State and Zip Code		<u>-</u> !
			-	to be used for future annual	report notificat	ion)
			oncerning this matter, please ca			
CHI	RISTIA 	AN LOPEZ		954 66 at ()	5-0111	
		Name o	f Person	Area Code	Daytime Te	lephone Number
Encl	osed is	a check for th	ne following amount:			· ·
	\$25.00	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee a Certified Copy (additional copy is end		Certificate of Status & Certified Copy (additional copy is enclosed)
		Registr Divisio P.O. Bo	ING ADDRESS: ration Section on of Corporations ox 6327 ussee, FL 32314	Registrat Division Clifton B	I/COURIER tion Section of Corporatio Building ecutive Center	ns

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

SOLY LUNA GROUP LLC		2019 144 21 20	
(<u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears on our records.) mited Liability Company)	2019 JAN 24 PM 2: 34	
The Articles of Organization for this Limited Liability Con Florida document number $\frac{1.12000048473}{1.12000048473}$	npany were filed onO4 10 201	ALL AND SEE FL	
This amendment is submitted to amend the following:		•	
A. If amending name, enter the new name of the limited	d liability company here:		
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		į.	
(Principal office address MUST BE A STREET ADDRES	SS)		
		•	
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·	
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or register registered agent and/or the new registered office addres		er the name of the new	
		1	
Name of New Registered Agent:			
New Registered Office Address:	0 0 0		
	Enter Florida street address		
	Florida	Zip Code	
New Registered Agent's Signature, if changing Registered A	•	Lip Colle	
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compacted the obligations of my position as registered agent being filed to merely reflect a change in the registered company has been notified in writing of this change.	d agree to act in this capacity. I further plete performance of my duties, and I as provided for in Chapter 605, F.S. (m familiar with and Or, if this document is	

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records: MGR = Manager AMBR = Authorized Member <u>Title</u> Name **Address** Type of Action ASTRID ELENA LOPEZ 2330 NW 98TH LANE MBR CORAL SPRINGS FL 33065 **⊟** Add □ Remove ☐ Change □Add .□]Remove ☐ Change _□ Add ☐ Remove ☐ Change _□ Add ☐ Remove (i) Change 🗖 Add ☐ Remove ☐ Change <u></u>□ Add ☐ Remove ☐ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person; being added

• •	on, enter change(s) here: (Attach additio	nal sheets, if necessary.)
		
		;
·		
	·	
		
		1
	01/21/2019	
in effective date is listed, the date must be state. If the date inserted in this block in the Depocument's effective date on the Dep	the specific and cannot be prior to date of filing or mo k does not meet the applicable statutory filing artment of State's records. Effective date, but not an effective tile	requirements, this date will not be listed as
JANUARY 21ST	2019	
ited		
CHRISTIAN LOPEZ	enature of a member or authorized representative of	of a member
	Typed or printed name of signee	

Filing Fee: \$25.00