

L14000009844

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

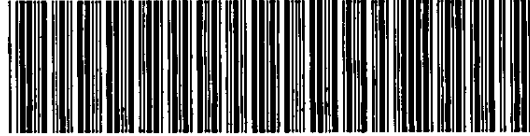
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16 MAY -2 AM 10:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 05 2015
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GALUNY LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

MANUEL MOINARD

Name of Person

GALUNY LLC

Firm/Company

1900 N BAYSHORE DR UNIT 1A STE 107

Address

MIAMI FL 33132

City/State and Zip Code

MANU@GUNYFAL.COM

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

For further information concerning this matter, please call:

MANUEL MOINARD

Name of Person

at ()

Area Code

3054394068

Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 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

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	MANUEL MOINARD	1900 N BAYSHORE DR	<input type="checkbox"/> Add
		UNIT 1A STE 107	<input type="checkbox"/> Remove
		MIAMI FL 33132	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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SECRETARY OF STATE
 WILLIAM W. STEPHENSON
 TALLAHASSEE, FLORIDA
 16 MAR - 2 11 10
 ID: 0

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Lined area for amending information.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated 04/15, 2016

Handwritten signature of Manuel Moinard

Signature of a member or authorized representative of a member

MANUEL MOINARD

Typed or printed name of signee

FILED
16 MAY 12 AM 10:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA