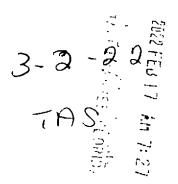
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(Address)
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Consideration As Filips Office
Special Instructions to Filing Officer:





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## **COVER LETTER**

TO:	Registration Se Division of Cor		•	. •				
		A LUNA LLC						
SUBJI	ECT:	Name of Lim	ited Liability Company					
The en	closed Articles of	Amendment and fec(s) are sub	mitted for filing.					
Please	return all correspo	ndence concerning this matter	to the following:					
		JULIBET CASTRO REYI	is					
		<del></del>	Name of Person					
		NUEVA LUNA LLC						
			Firm/Company					
		3210 39TH W						
			Address					
		LEHIGH ACRES FL. 33974						
			City/State and Zip Code					
		E-mail address: (	to be used for future annual report not	itication)				
For fur	ther information c	oncerning this matter, please c	all;					
JULIB	ET CASTRO REY	YES .	239 295-7042 at ()					
Name of Person		Area Code Daytin	ne Telephone Number					
Enclos	ed is a check for th	ne following amount:						
□ \$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		<u>Street Address:</u> Registration Se	ection					
Division of Corporations			Division of Co	rporations				
	P.O. Box 632 Tallahassee, I		The Centre of Tallahassee 2415 N. Monroe Street. Suite 810					

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NUEVA LUNA LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{01/18/2022}{1}$ and assigned Florida document number 1.22000033519 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 "L.L.C." 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 Office Address: Enter Florida street address

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

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.

Cin

If Changing Registered Agent, Signature of New Registered Agent

, 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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	LILIA REYES	3210 39TH ST W LEHIGH ACRES FL, 33971	\BAdd
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			□Change
			□Add
			Remove
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1.1.1	- ( )			tive of a member			

Filing Fee: \$25.00

Typed or printed name of signee