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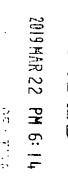
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C. GOLDEN APR -2 2019

COVER LETTER

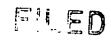
TO: Registration Section Division of Corporation			
SUBJECT: £.	LONG L.L. () Name of Lim	7 , - nited Liability Company	
The enclosed Articles of An	nendment and fee(s) are sub	omitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
	Pamos	Reyes Name of Person	
	Ramon	Beyes P. A.	
	5035 Palm		
-	Tr account	City/State and Zip Code 1095035 @ Yall to be used for future annual report notif	100. COM
For further information conc			
Ramon Pr	eyes	at (<u>305</u>) <u>822 -</u> Area Code Daytimo	0669
Name of Pe	rs ø n •	Area Code — Daytime	: Telephone Number
Enclosed is a check for the fe	ollowing amount:		
2 \$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 Tallahussee, FL 32314 STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2019 HAR 22 PM 6: 14

E. LUNA LLC

(<u>Name of the Limited</u> (A	Liability Company as it now appears of Florida Limited Liability Company)	on our records.)	SSTE, FL	
The Articles of Organization for this Limited Liab		04/29/20	05 and assigned	
Florida document number <u>L05000042</u>	<u>512 </u>			
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of the	ne limited liability company hero	<u>:</u>		
The new name must be distinguishable and contain the word	ts "Limited Liability Company," the desi	ignation "LLC" or the	abbreviation "L.L.C."	
Enter new principal offices address, if applicable	le:			
(Principal office address MUST BE A STREET)	ADDRESS)	<u> </u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>			
B. If amending the registered agent and/or registered agent and/or the new registered offic	2,	our records, <u>ente</u>	r the name of the new	
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, Florida Cuy Zip Code			
	City		Zip Code	
New Registered Agent's Signature, if changing Reg	istered Agent:			
I hereby accept the appointment as registered of provisions of all statutes relative to the proper accept the obligations of my position as registe being filed to merely reflect a change in the region company has been notified in writing of this change in the region.	and complete performance of m red agent as provided for in Ch gistered office address, I hereby	y duties, and I an apter 605, F.S. O	i familiar with and r, if this document is	

If Changing Registered Agent, Signature of New Registered Agent

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>	Address	Type of Action
MGR	Sorge A. Lung	12563 NW 10TH CT	5 Add
		12563 NW 10TH CT Sunnisc, Fl. 33323	Remove
			☐ Change
			Remove
		19779 8879 45 4- 1	Change
			☐ Remove
			Change
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If an effecti Note: If	date, if other than the ive date is listed, the date in the date inserted in this l Us effective date on the	ust be specific and block does not r	d cannot be prior meet the applic	to date of liling or r able statutory filir	tore than 90 days a	ptional) fter filing.) Pursuan this date will not	t 10 605,0207 (be listed as t
he recor The 90	rd specifies a delaye Oth day after the re	ed effective o cord is filed.	date, but no	t an effective	time, at 12:0	1 a.m. on the	earlier of:
Dated	March 1	8	. 2019	·			
	x	A Signature of a c	member or autho	orized representative	of a member		

Page 3 of 3

Filing Fee: \$25,00