

MAY/19/2015/TUE 01:39 PM

5/15/2015

L08000068735

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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RECEIVED
15 MAY 19 PM 4:03
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TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LUNA TRADES & INVESTMENTS, LLC**

Certificate of Status	0
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5/18/2015 8:59:09 AM PAGE

1/001

Fax Server



May 18, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

EXPRESS

SUBJECT: LUNA TRADES & INVESTMENTS, LLC
REF: L08000068735

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan
Regulatory Specialist II

FAX Aud. #: H15000118699
Letter Number: 715A00010316

RECEIVED

15 MAY 19 PM 4:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

2015 MAY 19 AM 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LUNA TRADES & INVESTMENTS, 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 07/16/2008 and assigned
Florida document number L08000068735

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:

13145 CORONADO DRIVE

(Principal office address MUST BE A STREET ADDRESS)

N. MIAMI, FL 33181

Enter new mailing address, if applicable:

13145 CORONADO DRIVE

(Mailing address MAY BE A POST OFFICE BOX)

N. MIAMI, FL 33181

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:

IGOR NUNEZ

New Registered Office Address:

13145 CORONADO DRIVE

Enter Florida street address

N. MIAMI

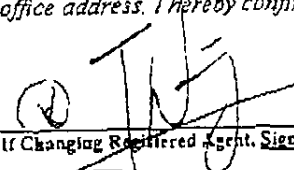
City

Florida 33181

Zip Code

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.


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>	<u>Address</u>	<u>Type of Action</u>
AMBR	MIREL ALVAREZ	8430 SW 8 ST	<input type="checkbox"/> Add
		# 601	<input checked="" type="checkbox"/> Remove
		MIAMI, FL 33144	<input type="checkbox"/> Change
AMBR	IGOR NUNEZ	13145 CORONADO DRIVE	<input checked="" type="checkbox"/> Add
		N. MIAMI, FL 33181	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

2015 MAY 19 AM 8:15
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TALLAHASSEE, FLORIDA

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 MAY 19 2015

Signature of a member or authorized representative of a member

CARMELA G RUBALCABA

Typed or printed name of signer