## MO9 0000 70794

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M. THOMAS
DEC 18 2009

**EXAMINER** 

## **COVER LETTER**

TO:	Registration S Division of Co	Section orporations	·					
SUBJECT: Luna F			ashions, LLC					
		Name of Lim	ited Liability Company					
The en	nclosed Articles o	f Amendment and fee(s) are sul	omitted for filing.					
Please	return all corresp	condence concerning this matter	to the following:					
			Paul Zuckerman					
Luna Fashions, LLC Firm/Company  1151 Washington Avenue						<del>"</del>		
						1. 昌		
							77	
			Address				1	
info			iami Beach, FL 33139			RY OF		
			City/State and Zip Code  @shopboutique12.com	1		2009 DEC 17 AM II: 23 SECRETARY OF STATE TALLAHASSEE, FLORID		
		E-mail address: (	to be used for future annual repor	t notification)	<del></del>			
For fu	rther information	concerning this matter, please of	call:					
	Pa	ul Zuckerman	at ( 305 )	695-7	700			
	Name	of Person	Area Code & D	aytime Teleph	one Number			
Enclos	ed is a check for	the following amount:						
\$25	5.00 Filing Fce	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enc		Certified C	of Status &		
	MAII	LING ADDRESS:	STREET/CO	OURIER AD	DRESS:			

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limited</u> (A	Luna Fashion Liability Company a Florida Limited Liabi	it now appears	on our records.)	<del></del>					
The Articles of Organization for this Limited Liability Company were filed on o7/22/2009 ar Florida document number L09000070794									
This amendment is submitted to amend the follo	owing:								
A. If amending name, enter the new name of	f the limited liability	company here	:						
The new name must be distinguishable and end wit "L.L.C."	th the words "Limited I	Liability Compan	y," the designation "L	LC" or the abbreviation					
Enter new principal offices address, if applic	able: <u>N</u>	i/A							
(Principal office address MUST BE A STREE	TADDRESS)								
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)				ZIBS DEC 17 AHII:					
B. If amending the registered agent and/oregistered agent and/or the new registered of	or registered office fice address here:	address on ou	r records, <u>enter tl</u>	ne name of the ne					
Name of New Registered Agent:	Paul Zuckerma	n							
New Registered Office Address:	1151 Washington	<del> </del>	er Florida street addi	255					
	Miam	i Beach	, Florida	33139					
	Ci		, r.ioi iua	Zip Code					
New Registered Agent's Signature, if changing I	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 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. Lhereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 2

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member **Type of Action** Title <u>Name</u> <u>Address</u> MGRM Paul Zuckerman 1151 Washington Avenue ✓ Add Remove Miami Beach, FL 33139 Rachael Zuckerman MGRM ☐ Add 1151 Washington Avenue ✓ Remove Miami Beach, FL 33139 Remove Add Remove □Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) November 30th 2009 Dated Signature of a member or authorized representative of a member Paul Zuckerman

Typed or printed name of signee
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Filing Fee: \$25.00