## L10000062264

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C. LEWIS

AUG 2 0 2010

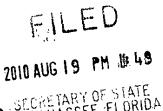
EXAMINER

## **COVER LETTER**

,	Division of Co			*
SUBJE	er.	LUNA FASHION A	ND ACCESSORIES	SLLC
SUDOE			ted Liability Company	
The enc	losed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please r	eturn all corresp	ondence concerning this matter	to the following:	
			" 0.0070	
			IVAN G SOTO  Name of Person	A TOTAL OF THE PARTY OF THE PAR
		I I INA FASE	HION AND ACCESSOR	IFS LLC
		EONA I AOI	Firm/Company	
		3554 TOMLINSON STREET		Т
			Address	
		BON	ITA SPRINGS, FL 3413	34
		51.11	City/State and Zip Code	- -
			NSKI@COMCAST.NET to be used for future annual report	
For furt	her information	concerning this matter, please c	all:	
	1∨	AN G SOTO	at (_239 )	398-8616
	Name	of Person	Area Code & Da	aytime Telephone Number
F 1	. 4 i	sh c Callagria a amayatı		
		the following amount:	Dess on Filing For &	S60 00 Eiling Foo
<b>₩</b> \$25.	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is encl	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		LING ADDRESS:		OURIER ADDRESS:
		tration Section ion of Corporations	Registration S Division of Co	orporations
		Box 6327 nassee, FL 32314	Clifton Buildi 2661 Executiv	ng ve Center Circle

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



LUNA FASHI	ON AND ACCESSOR	RIES LLC TAUL AH	ASSEE
(A Flo	bility Company as it now appeared a Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liabil	ity Company were filed on	06-10-2010	and assigned
Florida document number L1000006226	4		
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited liability company he	<u>re</u> ;	
The new name must be distinguishable and end with th "L.L.C."	e words "Limited Liability Comp	any," the designation "I	LLC" or the abbreviation
Enter new principal offices address, if applicable	<b></b>		····
(Principal office address MUST BE A STREET A	DDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO)			
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, <u>enter (</u>	the name of the new
Name of New Registered Agent:			
New Registered Office Address:	nter Florida street ada	iress	
		, Florida _	
<del></del>	City		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 608, 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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ROCIO D LUNSKI	3554 TOMLINSON STREET BONITA SPRINGS, FL 34134	☑ Add ☐ Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
	44		Add Remove
D. If amen	ding any other information, enter	change(s) here: (Attach additional sheets, if necessar	y.) 
			TALLARAS TARE
Dated	08/17	2010 1, 1L	
	Signature of a n	nember of authorized representative of a member	ORIO P
		IVAN G SOTO Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00