(Req	uestor's Name)			
(Add	ress)			
(Add	ress)			
(Add	1035)			
(City/State/Zip/Phone #)				
	_	_		
PICK-UP	WAIT	MAIL		
(Bus	iness Entity Nar	me)		
(540	mood Emoty Tea.			
(Doc	ument Number)			
Certified Copies	Certificates	s of Status		
		1		
Special Instructions to Filing Officer:				
		į		
		İ		
		Į		

Office Use Only



200244606182

02/22/13--01029--004 \*\*25.00

C. LEWIS FEB 2 5 2013 **EXAMINER** 

#### COVER LETTER

TO:

Registration Section **Division of Corporations** 

### LUNA PELUCHE II, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SOTO, JORGE A

Name of Person

LUNA PELUCHE II, LLC

Firm/Company

103 TOLOMATO RD

Address

SAINT AUGUSTINE BEACH FL 32080 US

City/State and Zip Code

andressoto@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

#### Norberto Jaramillo

 $at \underbrace{(904)315\text{-}2262}_{\text{Area Code \& Daytime Telephone Number}}$ 

Name of Person

Enclosed is a check for the following amount:

■ \$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 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

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

## ARTICLES OF AMENDMENT

# TO SECRETARY OF STATE ARTICLES OF ORGANIZATION DIVISION OF CORPORATION



2013 FEB 22 AM 10: 46

LUNA PELUCHE II, LLC			
( <u>Name of the Limite</u> (	<mark>d Liability Compa</mark> A Florida Limited I	ny as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited I Florida document number <u>L12000159537</u>	Liability Company	were filed on 12/21/20	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liab	oility company here:	
N/A			
The new name must be distinguishable and end w 'L.L.C."	ith the words "Limi	ited Liability Company," the	designation "LLC" or the abbreviation
Enter new principal offices address, if appli	cable:	N/A	
(Principal office address MUST BE A STREET ADDRESS)		N/A	
		N/A	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		N/A N/A	
		N/A	
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:  New Registered Office Address:		<u>e</u> :	ords, enter the name of the new
	N/A		_, Florida N/A
		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 ords: FILED SECRETARY OF STATE DIVISION OF CORPORATION or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member 2013 FEB 22 AM 10: 46 **Type of Action Address** <u>Title</u> <u>Name</u> 530 A1A BEACH BLVD SOLANO, JUAN **MGRM** SAINT AUGUSTINE BEACH FL 32086 Remove

D. If an	N/A  2413 Ero	<u>'</u>
	N/A	no Mil
	N/A N/A	! In
	N/A	10. 46
	N/A	
	N/A	
Dated F	ebruary 21st 2013	
	Signature of a member or authorized representative of a member	
	JORGE A SOTO	
	Typed or printed name of signee	
	Page 3 of 3	

Filing Fee: \$25.00