## 114000068268

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	e #)
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05/23/14--01011--016 \*\*30.00



## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: LUNG Bealty Services  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:
Iliona Luna Name of Person
Luna Realty Services Firm/Company
1836 Cedar Lake Dr. Address
Orlando, FL 32824  City/State and Zip Code  Liceno (22816) Opposit Comp
E-mail address: (to be used for Juture annual report notification)
For further information concerning this matter, please call:
Tliang Luna at (7407) 701 - 7367  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)  \$25.00 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 ARTICLES OF ORGANIZATION OF

Lung Realty Services LLC  (Name of the Limited Liability Company as it now appears on our record (A Florida Limited Liability Company)	<u>'ds.</u> )
The Articles of Organization for this Limited Liability Company were filed on <u>04</u>  28	12014 and assigned
Florida document number <u>L 140000 68 268</u>	_
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 end with the words "Limited Liability Company," the designation "Li	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our record registered agent and/or the new registered office address here:	is, <u>enter the name of the new</u>
Name of New Registered Agent:	P
New Registered Office Address:  Enter Florida street addre	SS
	SS 23 grand
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 fu	urther agree to comply with the

If Changing Registered Agent, Signature of New Registered Agent

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 amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

AMBR = Aut	horized Member		•
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Iliana Luna	1836 Cedar Lake Or.	Add
		orlando, FL 32824	🗆 Remove
<u>AMBR</u>	Gamaliel Bernabe	1836 Cedar Lake Dr	X Add
		orlando, FL. 32824	□ Remove
·····			□ Add □ Remove
·	·		— Add
		TALLAHAS.	Remove HAY 23
·		EE. FLORIDA	☐ Add
<del></del>			_□ Add
			_□ Remove

EIN	Number: 46-4760 226
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ffective date he effective date he date this docu	e, if other than the date of filing: (optional) e must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after ument is filed by the Florida Department of State)
the date this docu	e, if other than the date of filing:
Effective date The effective date the date this docu	ument is filed by the Florida Department of State)
the date this docu	e, if other than the date of filing:
the date this docu	ument is filed by the Florida Department of State)

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Filing Fee: \$25.00

14 MAY 23 KM 9:59