

Division of Corporations

L14000097150

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : EMMANUEL SHEPPARD & CONDON
Account Number : 072720000035
Phone : (850) 433-6581
Fax Number : (850) 434-7163

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: luciangd@gmail.com.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
DELUNA CAPITAL LLC

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$55.00

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AUG 13 2014

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Corporate Filing Menu

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8/12/2014

P. 01/04

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

DELUNA CAPITAL, 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 June 17, 2014 and assigned
Florida document number L14000097150

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 "LLC" 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 records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, Florida 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

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Gerald L. Brown
Emmanuel, Sheppard & Condon
30 South Spring Street
Pensacola, Florida 32502
(850)433-6581

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Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
MGR	Alexander Dancaescu	1701 W. Intendencia St.	<input type="checkbox"/> Add
		Pensacola, Florida 32502	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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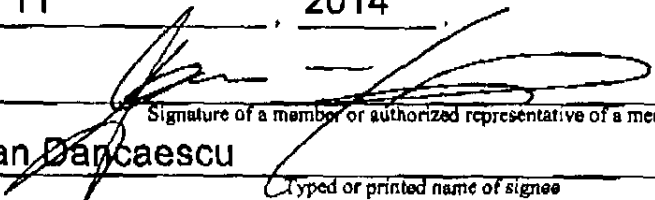
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated August 11, 2014



Signature of a member or authorized representative of a member
Lucian Dancaescu

Typed or printed name of signer

FILED
2014 AUG 12 PM 12 44
CLERK OF COURT
HALL COUNTY FLORIDA

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Filing Fee: \$25.00

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