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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

FILED

JAN 13 2015  
D. BRUCE

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Aluna, 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:

Shino Bay Aguilera

Name of Person

Aluna LLC

Firm/Company

2200 S Ocean Lane Apt 110

Address

Fort Lauderdale, FL 33316

City/State and Zip Code

alison@lweismancpa.com

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

For further information concerning this matter, please call:

Alison Weinstein

Name of Person

954

at ( )

Area Code

475-1260 x 15

Daytime Telephone Number

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

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## ALUNA, LLC

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the name of the

If amending the Managers or 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	ALEXANDRA CARVAJALI	7884 NW 123RD AVE	<input type="checkbox"/> Add
	Carajalino	PARKLAND, FL 33076	<input checked="" type="checkbox"/> Remove
MGR	ANGIE CABALLERO	300 NW 131 AVE	<input type="checkbox"/> Add
		PLANTATION, FL 33325	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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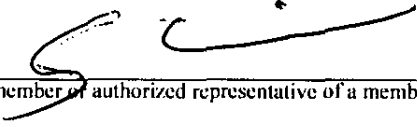
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 DECEMBER 22, 2014

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Shino Bay Aguilera

\_\_\_\_\_  
Typed or printed name of signee

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Filing Fee: \$25.00

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