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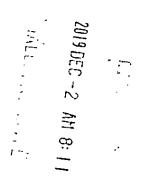
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COVER LETTER

Division of	of Corporations
SUBJECT:	Lunatica 1 LLC Name of Limited Liability Company
	Name of Limited Liability Company
The enclosed Artic	eles of Amendment and fee(s) are submitted for filing.
Please return all co	orrespondence concerning this matter to the following:
	Roxald W. Dunbar, Jr.
	Name of Person
	Dunbar Goloboy LLP Firm/Company
	Firm/Company
	197 Portland St.
	Address
	Boston, MA 02114
	dunbar @ dunbar lawpc. com
	E-mail address: (to be used for future annual report notification)
	ation concerning this matter, please call:
Ronald	W. Dunber, Jr. at (617) 244-3550 Area Code Daytime Telephone Number
>	Same of Person Area Code Daytime Telephone Number
Enclosed is a check	k for the following amount:
\$25.00 Filing 1	Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

TO:

Registration Section

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lunatica 1	LLC				
(Name of the Limit	<mark>ed Liability Compar</mark> (A Florida Limited L	ny as it now appears on iability Company)	our records.)		
The Articles of Organization for this Limited LiFlorida document number LISOGOLS This amendment is submitted to amend the follow. A. If amending name, enter the new name of	owing:		15/15	2019 assignment - 2 AH 8: 11	ned
The new name must be distinguishable and contain the w	ords "Limited Liabili	· · · · · · · · · · · · · · · · · · ·			C."
Enter new principal offices address, if applic	s address, if applicable: 102 24th 5treet 1201				
(<u>Principal office address MUST BE A STREE</u>	T ADDRESS)	Miami B	each Flor	. 1 -	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and/or r		102 #12. Miami	24th Stree Beach, Flo	rida 3	<u></u> 33139
agent and/or the new registered office addres		duress on our reco	rus, <u>enter the name</u>	or the new	registereu
Name of New Registered Agent: New Registered Office Address:		d Egun 14th Street, Enter Florida	mreer maaress		
	Miani	Beach	35 3 Florida	9	
		Ciţy		' 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.

Changing Registered Agent Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member <u>Title</u> Name **Address** Type of Action 1130 Washington Ave DAdd
Miami Beach, FL 33139
Remove MGR Jodi L. Strang _____ □Change MGR Richard Egan 102 24th Street #1201 XAdd Man: Beach FL 33139 DRemove □Add □ Change _____ □Remove □Add □Remove ____ □Add

_____ □Change

Page 2 of 3

		
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if an effect <u>Note:</u> If	ive date, if other than the date of filing:	
The 9	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on 90th day after the record is filed.	
The 9	90th day after the record is filed.	
The 9		