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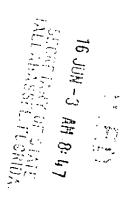
(Re	questor's Name)	
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COVER LETTER

TO: ,	Registration Se Division of Cor			e
CUD ID	LUNANAK	KO LLC		
SUBJEC	-l;	Name of Limi	ted Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		DIEGO M KONIG		
			Name of Person	-
		LUNANAKO LLC		
			Firm/Company	<u> </u>
		5492 FLORENCE HARBO	OR DRIVE	
			Address	
		ORLANDO, FLORIDA 32	2829	
			City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	fication)
For furth	ner information c	oncerning this matter, please ca	all:	
JULIAN	NA MARTINI		407 733-2584 at ()	
	Name o	f Person		e Telephone Number
Enclose	d is a check for th	ne 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 ARTICLES OF ORGANIZATION OF

LUNANAKO LLC		
(<u>Name of the Limited Li</u> (A F	ability Company as it now appears on our records.) orida Limited Liability Company)	
the Articles of Organization for this Limited Liabil lorida document number L15000193630	ity Company were filed on NOV 16, 2015	and assigned
his amendment is submitted to amend the followin	g:	
a. If amending name, enter the new name of the	limited liability company here:	
he new name must be distinguishable and contain 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 A	DDRESS)	
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BO</u>	<u> </u>	
3. If amending the registered agent and/or registered agent and/or the new registered office		er the name of the
Name of New Registered Agent:		AND JUNE
New Registered Office Address:		<u> 統計</u>
	Enter Florida street address	
-	, Florida	Zin Code
	CHY	

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

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

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	ADRIANA L DUPUY	5492 FLORENCE HARBOR DR	
		ORLANDO, FLORIDA 32829	■ Remove
			☐ Change
			Add
			Remove
			Change
			Add
			□ Remove
			Change
			□ Add
			Remove
			☐ Change
			□ Remove
			Change
			Add
			□ Remove
			Change

33 co 35 co
(optional) Odays after filing.) Pursuant to 605.020 nents, this date will not be listed a
12:01 a.m. on the earlier
oer
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Page 3 of 3

Filing Fee: \$25.00