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APR 04 2017 S. YOUNG

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: LUNIAY LINES FL, 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:	
Annarie Clinton Name of Person	
Kinks Conture, LLC Firm/Company	,
7946 Pines Blud Address	SECT
Penbroke Pines, FL 33024  City/State and Zip Code	ALLASSI ALLASSI
office Dhinks conture, com	and the second
For further information concerning this matter, please call:	5 87.
Annarie Clinton at (954) 297-6/05 Name of Person at (954) Daytime Telephone Number	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)  □ \$30.00 Filing Fee & Certified Copy (additional copy is enclosed)  □ \$60.00 Filing Fee, 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

hunway hinks FL, Le	LC.	
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company of Florida document number	were filed on $2/2016$ and assi	igned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabile.  The new name must be distinguishable and contain the words "Limited Liability or the new name must be distinguishable and contain the words "Limited Liability or the new name must be distinguishable and contain the words "Limited Liability or the new name of the limited liability or the new name of the new name of the limited liability or the new name of the new name of the limited liability or the new name of the limited liability or the new name of the ne		J.C."
Enter new principal offices address, if applicable:		70
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		ARY OF
(Mailing address MAY BE A POST OFFICE BOX)		20
		5
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	<del></del>
	, Florida	
	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 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</u> <u>being added</u> <u>or removed from our records</u>:

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		Signature	of a member or	authorized repr	esentative of a n	nember		

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Filing Fee: \$25.00