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SEGRETARY OF STATE FALLAHASSEE:FEORIDA

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COVER LETTER

TO: Registration Section Division of Corpora			
subject: <u>Luna l</u>	Ounge LLC Name of Limi	ted Liability Company	······
		· · · · · · · · · · · · · · · · · · ·	
The enclosed Articles of Ame	ndment and fee(s) are subm	nitted for filing.	
Please return all corresponden	ce concerning this matter t	to the following:	
_	Inm	PET BARYIOS Name of Person	
		1 Lounge LLC. Firm/Company	
_		B Paloma Ave. Address	
_	Lehiq	City/State and Zip Code OSONIO & OUT 10016 o be used for future annual report notifi	74
_	INNER E-mail address: (1	OSONIO @ OUT 10016 o be used for future annual report notifi	cation)
For further information concer			
Inmer Bo	ON TOS	at (<u>352</u>) <u>575</u> Area Code Daytime	Telephone Number
Enclosed is a check for the fol	lowing amount:		
E \$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

Luna Lounge LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	/	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)	542 15th St E Bradenton, FL 342	03
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		r the name of the new
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	Enter Florida street address	SEE TO SE
	, Florida _	ORA R
	City	₩ 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, 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
MGR	Ana Lucia Barrios	533 Paloma Ave, Lehigh Acres, FC 33974	_ © Add
			_□ Remove
		······································	Change
			□ Add
			_□ Remove
			Change
·····			□ Add
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		E.C.	□ Change
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Effective date, if other than the date of filing:	(optional)
If an effective date is listed, the date must be specific and cannot be prior to date of filing on Note: If the date inserted in this block does not meet the applicable statutory for the specific and cannot be prior to date of filing to Note:	
document's effective date on the Department of State's records.	, , , , , , , , , , , , , , , , , , , ,
he record specifies a delayed effective date, but not an effectiv The 90th day after the record is filed.	ve time, at 12:01 a.m. on the earlier of
Dated September 12 , 2016.	
16/	
Signature of a member or authorized representa	ntive of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00