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COVER LETTER

Division of Col	rporations		
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	NIDIA E URIBE MONTO	PYΑ	
		Name of Person	
	LUNUK TECH LLC		
		Firm/Company	
	1416 SW 110 WAY		
		Address	
	DAVIE, FL 33324		
		City/State and Zip Code	
	nmontoya@norkosusa.co		
	E-mail address: (1	to be used for future annual report notific	ration)
For further information of	concerning this matter, please co	ıll:	
NIDIA E URIBE MON'	ГОҮА	954 533-4392	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
S25.00 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

LUNUK TECH LLC		
(Name of the Limited Liability Com (A Florida Limited	pany as if now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compare Florida document number L16000182342	ny were filed on <u>09/29/2016</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	dement is submitted to amend the following: Inding name, enter the new name of the limited liability company here: Inding name, enter the new name of the limited liability company here: Inding name, enter the new name of the limited liability company," the designation "LLC" or the abbreviation "LLC." Inding name, enter the new name of the limited liability company," the designation "LLC" or the abbreviation "LLC." Inding name, enter the new name of the limited liability company here: Inding name, enter the new name of the limited liability company here: Inding name, enter the new name of the limited liability company here: Inding name, enter the new name of the limited liability company here: Inding name, enter the new name of the limited liability company here: Inding name, enter the new name of the limited liability company here: Inding name, enter the new name of the limited liability company here: Inding name, enter the new name of the abbreviation "LLC." Inding name, enter the new name of the abbreviation "LLC." Inding name, enter the new name of the abbreviation "LLC." Inding name, enter the new name of the abbreviation "LLC." Inding name, enter the new name of the abbreviation "LLC." Inding name, enter the new name of the abbreviation "LLC." Inding name, enter the nabbreviation "LLC." Inding name, enter the abbreviation "LLC." Ind	
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	8750 NW 38TH ST APT 152	18 18
(Principal office address MUST_BE A STREET ADDRESS)	SUNRISE, FL 33351	TUC SHOUS SHOUS
		25
Enter new mailing address, if applicable:	8750 NW 38TH ST APT 152	PM 2
(Mailing address MAY BE A POST OFFICE BOX)	SUNRISE, FL 33351	£ 0
registered agent and/or the new registered office address he	ere:	er the name of the ne
		Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>	
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	te performance of my duties, and I an s provided for in Chapter 605, F.S. O	n familiar with and Or, if this document is

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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
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ffective date, if other the	an the date of filing: (optional) ate must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursua	405 D20
Note: If the date inserted in	this block does not meet the applicable statutory filing requirements, this date will no	
ocument's effective date or	the Department of State's records.	
e record specifies a de The 90th day after th	elayed effective date, but not an effective time, at 12:01 a.m. on the record is filed.	earlier o
June 18 lated	2018	
	7/0/1/9/10	
	Signature of a member or authorized representative of a member	

Page 3 of 3

Typed or printed name of signee

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