

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : SIMPLY ROYALTY ACCOUNTING & TAX SERVICES
Account Number : I20240000096
Phone : (305)742-2298
Fax Number : (305)742-2299

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
10592 LUNA PARK LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

M. SOLOMON

OCT 24 2024

COVER LETTER

H240003548313

TO: Registration Section
Division of Corporations

SUBJECT: 10592 LUNA PARK 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:

GEORGES HADAD HELOU

Name of Person

10592 LUNA PARK LLC

Firm/Company

8300 NW 53rd ST SUITE 350

Address

DORAL, FL 33166

City/State and Zip Code

ghadad1968@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GEORGES HADAD HELOU

786

389-0953

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Address:

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

SECRET
TALLAHASSEE, FL

2024 OCT 24 PM 3:38

FILED

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H240003528313

10592 LUNA PARK LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/19/2017 and assigned Florida document number L17000011782.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The 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 ADDRESS)

8300 NW 53rd ST SUITE 350

DORAL, FL 33166

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8300 NW 53rd ST SUITE 350

DORAL, FL 33166

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

8300 NW 53rd ST SUITE 350

Enter Florida street address

DORAL

City

, Florida 33166

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

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

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MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	GEORGES HADAD HELOU	8300 NW 53rd ST SUITE 350	<input type="checkbox"/> Add
		DORAL, FL 33166	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	LISBETH BSERENI DE HADAD	8300 NW 53rd ST SUITE 350	<input type="checkbox"/> Add
		DORAL, FL 33166	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TAMPA, FL2024 OCT 24 PM 3:33
remove
change
add
remove

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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REC'D - CLERK OF STATE
TALLAHASSEE FL

E. Effective date, if other than the date of filing: OCTOBER 22, 2024 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated OCTOBER 22 2024

Signature of a member or authorized representative of a member

GEORGES HADAD HELOU

Typed or printed name of signee

Filing Fee: \$25.00

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