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ALLAHASSEE FINARE

COVER LETTER

	Registration Se Division of Cor			
eun wes	LINA LUN			
SUBJECT	r:	Name of Limi	ited Liability Company	····
The enclos	sed Articles of .	Amendment and fee(s) are subi	mitted for filing.	
Please retu	ırn all correspo	ndence concerning this matter t	to the following:	
		LINA LUNA		
			Name of Person	
		LINA LUNA SHOES		
			Firm/Company	
		8010 NW 27TH ST		
			Address	
		SUNRISE FL 33322		
			City/State and Zip Code	
		LINALUNAR5@HOTMAI		
		E-mail address: (t	o be used for future annual report notific	ation)
For further	r information co	oncerning this matter, please ca	ill:	
LINA LU	NA		954 328-2679 at ()	
	Name of	Person	at () Area Code Daytime	l'elephone Number
Enclosed i	s a check for th	e following 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

.iability Company Florida Limited Lia	y as it now appears on o ability Company)	our records.)	
lity Company w	vere filed on 3/13/201	7	and assigned
ng:			
e limited liabili	ty company here:		
s "Limited Liabitity	y Company," the designa	tion "LLC" or the ab	observiation "L.L.C."
e:			
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registered offi	ce address on our	records, enter	the name of the ne
address here:			Σ .
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·	Enter Florida str	reet address	
		. Florida 🦃	
- ·.	City		Zip Code
1 4	ity Company wang: e limited liability: "Limited Liability: DDRESS) Y)	registered office address on our address here:	**Elimited liability company here: "Limited Liability Company," the designation "LLC" or the all elements. **DDRESS** **Property of the designation "LLC" or the all elements. **DDRESS** **Property of the designation "LLC" or the all elements. **DDRESS** **Property of the designation "LLC" or the all elements. **Enter Florida street address* **Florida

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>	<u>Name</u>	Address	Type of Action
			Remove
			☐ Change
			☐ Remove
			Remove
			Change
			□ Add
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00