117000196776

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COVER LETTER

TO:	Registration Se Division of Cor		
SUBJE	·CT·	BLAC	K LUNA LLC
SOBJI		Name of Lir	nited Liability Company
The en	closed Articles of	Amendment and fee(s) are sul	bmitted for filing.
Please	return all correspo	ndence concerning this matter	r to the following:
		D.A	AYANARA S. MARTINEZ
			Name of Person
		DEL PUE	BLO MULTI-SERVICES # 2 CORP.
		-	Firm/Company
		6128	S. CONGRESS AVE, SUITE C,
			Address
			LANTANA, FL. 33462
			City/State and Zip Code
			puebloms2@gmail.com
гс.			(to be used for future annual report notification)
ror rurt	her information co	oncerning this matter, please c	all:
	DAYANARA S	S. MARTINEZ	561 448 - 7500 at ()
	Name of	Person	Area Code Daytime Telephone Number
Enclose	d is a check for the	e following amount:	
□ \$25	.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DI ACK LINIA LLC

BLACK L			
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears o Liability Company)	n our records.)	
The Articles of Organization for this Limited Liability Company Florida document numberL17000196776	y were filed on	FI.ORIDA	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here	:	
N/A			
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the desig	gnation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:	1477 LAKE CRYS	STAL DR,	
(Principal office address MUST BE A STREET ADDRESS)	APT D,		1
	WEST PALM BEA	ACH, FL. 33411	. 2
Enter new mailing address, if applicable:	SAME AS ABOVI	₹	T Co
(Mailing address MAY BE A POST OFFICE BOX)			
			<u></u>
			Ö
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:		rds, <u>enter the nam</u>	e of the new regis
Name of New Registered Agent:	DATANAKA	S. WARTINEZ	
New Registered Office Address:	6128 S. CONGRES		
		street address	
	LANTANA	, Florida	33462
	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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
AMBR	WILLIAM RUBIANO PARRAGA	1477 LAKE CRYSTAL DR,	= Add
		APT D,	□Remove
		WEST PALM BEACH, FL. 33411	□Change
MGR	LAURA E. VICENTE PEREZ	1963 NW 38th AVE.	
			-
		OKEECHOBEE, FL. 34972	■Remove
			_
			□Add
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N/A N/A ective dieffective	ate, if other than the date of filing: date is listed, the date must be specific and cannot be prior date inserted in this block does not meet the applications.	(optional) to date of filing or more than 90 days after filing.) Pursuant able statutory filing requirements, this date will not be
iment s	effective date on the Department of State's records.	me, at 12:01 a.m. on the earlier of: (b) The 90th day a
	SEPTEMBER 27 2021	
d		_ ·
d	William Rubiano Signature of a member or author	rized representative of a member

Filing Fee: \$25.00