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, ,,		COVER LETTER	
TO: Registration Solution of Col			
(MB IPCP)	LUNGA	PRODUCTION LLC	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MIRTHA VALDES MAR	TIN CPA	
		Name of Person	
		Firm/Company	
	420 SOUTH COUNTRY	CLUB ROAD	
		Address	2011
	LAKE MARY, FL 32746	5	2018 Jin 29
		City/State and Zip Code	. 2:
	MVMCPA@JUNO.COM	(to be used for future annual repor	て;
For further information a	encerning this matter, please c	-	۲.)
MIRTHA VALDES MA	- ,	407 321-35	نر) .
·	of Person	at ()	
Name o	n rerson	Area Code Da	rytime Telephone Number
Enclosed is a check for the	he 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)
Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	Registration S Division of Co Clifton Buildi	orporations ng re Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LUNGA PRODUCTION	LLC	
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records.)	
The Articles of Organization for this Limited Liability Company were filed	onJANUARY 11, 2018	_ and assigned
Florida document numberL18000010446		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability compa	any here:	
The new name must be distinguishable and contain the words "Limited Liability Company	," the designation "LLC" or the abbre	
Enter new principal offices address, if applicable:	·	25 1
Principal office address MUST BE A STREET ADDRESS)		-
	_	2 :
		- 7
Enter new mailing address, if applicable:	- 1) 2
Mailing address MAY BE A POST OFFICE BOX)		<u>u</u>
	•	
If amending the registered agent and/or registered office addrered agent and/or the new registered office address here:	ess on our records, enter th	e name of the ne
egistered agent and/or the new registered office address here.		
Name of New Registered Agent:		
New Registered Office Address:		
En	ter Florida street address	*
	, Florida	
Cuv		Zin 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 romoved from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	GLORIA INES VARGAS	9670 SWEETLEAF STREET	_
		ORLANDO, FL 32827	Remove
			Change
			□ Remove
			Change
			☐ Remove
			Change:
		-	D)Remove
			Change
			□ Remove
			Change
			□ Add
			☐ Changa

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Typed or printed name of signee

Filing Fee: \$25.00