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To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LUNAZULMIAMI EVENTS LLC**

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

10/01/24



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**
(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: LUNAZULMIAMI EVENTS LLC TV

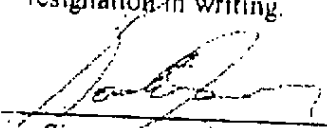
2. The Florida document/registration number assigned to this limited liability company is:
L18000026920

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 09/30/24

4. I, MARTA SUAREZ, hereby withdraw/resign as a
(Print Name of Person Resigning)

MGR
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.



Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
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