

L19000073486

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

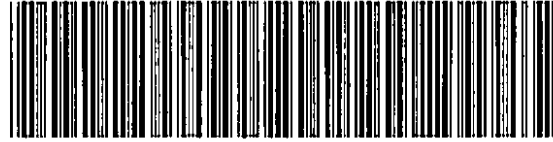
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400389875474

06/24/22--01008--023 **30.00

STATE OF FLORIDA
TALLAHASSEE, FL

2022 JUN 24 AM 10:29

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Tall Pine Consultants 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:

Herbert Turner III
Name of Person
Tall Pine Consultants LLC
Firm/Company
1116 Tall Pine Trail
Address
Gulf Breeze, Florida 32561
City/State and Zip Code
herbturner311@gmail.com
E-mail address: (to be used for future annual report notification)

TALLAHASSEE, FL
2022 JUN 24 AM 10:30
FILED

For further information concerning this matter, please call:

Herbert Turner III 850 292-7974
Name of Person at () Daytime Telephone Number
Area Code

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Tall Pine Consultants 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 March 15, 2019 and assigned Florida document number L19000073486.

This amendment is submitted to amend the following:

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

Via Luna LLC

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)

4513 Via de Luna

Pensacola Beach

Florida 32561

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4513 Via de Luna

Pensacola Beach

Florida 32561

FILED
2022 JUN 24 AM 10:30
TALLAHASSEE FL

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: _____

Enter Florida street address

_____, **Florida**

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 Name Address Type of Action

_____ _____ _____ Add

_____ _____ _____ Remove

_____ _____ _____ Change

_____ _____ _____ Add

_____ _____ _____ Remove

_____ _____ _____ Change

_____ _____ _____ Add

_____ _____ _____ Remove

_____ _____ _____ Change

_____ _____ _____ Add

_____ _____ _____ Remove

_____ _____ _____ Change

_____ _____ _____ Add

_____ _____ _____ Remove

_____ _____ _____ Change

_____ _____ _____ Add

_____ _____ _____ Remove

_____ _____ _____ Change

FILED
2022 JUN 24 AM 10:30
CLERK OF DISTRICT COURT
ALBANY, MASSACHUSETTS

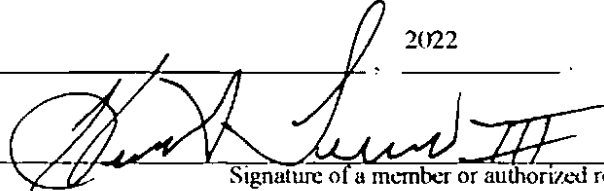
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

FILED
2022 JUN 24 AM 10:30
STATE ARCHIVES, FL

E. Effective date, if other than the date of filing: date of filing (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 June 22 2022

Signature of a member or authorized representative of a member

Herbert Turner III
Typed or printed name of signee