

L 2000016222

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

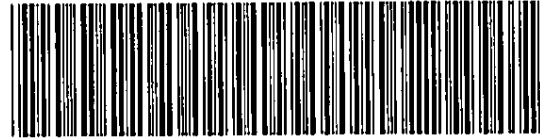
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FL

O SIMMONS

FEB 25 2020

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Lunaksecurity 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:

Lunak Ribot

\_\_\_\_\_  
Name of Person

Lunak Security LLC.

\_\_\_\_\_  
Firm/Company

5400 NW 159 ST # 320

\_\_\_\_\_  
Address

Miami Lakes, Florida, 33014

\_\_\_\_\_  
City/State and Zip Code

ribotlunak458@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lunak Ribot

786 7043925  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

**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>	<u>Address</u>	<u>Type of Action</u>
AR	Lunak Ribot	_____	<input type="checkbox"/> Add
		5400 NW 159 St MIAMILAKES, FL, 33014	<input checked="" type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
MGR	Lunak Ribot	5400 NW 159 St # 320 St Miami Lakes FL, 33014	<input checked="" type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
		_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
		_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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 TALLAHASSEE, FL  
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TALLAHASSEE, FL

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SECRET / OFF STATE  
ALL INFORMATION FL

FBI

(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)

Dated 01/31/2020

*[Handwritten signature]*

## Lunak Ribot

Typed or printed name of signee

**Filing Fee: \$25.00**