## L 20000016222

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
_
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
O CHILDREN AND SILVE OFFICE
Special Instructions to Filing Officer:
!

Office Use Only



500339868995

02/03/20--01008--018 \*\*25.00

O SIMMONS FEB 25 2020

## **COVER LETTER**

TO: Registration S Division of Co			
CLUDICOR	curity LLC.		
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.	
	ondence concerning this matter	_	
	Lunak Ribot		
		Name of Person	<del></del>
	Lunak Security LLC.		
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	5400 NW 159 ST # 320		
		Address	<del></del> -
	Miami Lakes, Florida, 3	3014	
	<del></del>	City/State and Zip Code	
	ribotlunak458@gmail.com		
		to be used for future annual report notif	fication)
For further information of	concerning this matter, please c	all:	
Lunak Ribot		786 7043925 at ()	
Name o	of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Fiting 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 Addres		Street Address:	
Registration S Division of C		Registration Sec	
P.O. Box 632		Division of Corp The Centre of Ta	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, Fl. 32314

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

Lunaksecurity LLC.		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited)	ny as it now appears ( Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 01/2	21/2020 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	<u>re</u> :
Lunak Security LLC.		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the des	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5400 NW 159 st	treet #320, Miami Lakes, FL 33014
(Principal office address MUST BE A STREET ADDRESS)		20 FEI
	<del> </del>	- ω [ · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		-p   1   1
(Mailing address MAY BE A POST OFFICE BOX)	<del> </del>	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our rec	cords, enter the name of the new register
Name of New Registered Agent:	···	
New Registered Office Address:	Enter Florid	da street address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		

## 7

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AR	Lunak Ribot		□Add
		5400 NW 159 St MIAMILAKES, FL, 33014	■Remove
			Change
MGR	Lunak Ribot	5400 NW 159 St # 320 St Miami Lakes FL, 3	33014 ■Add
		· · · · · · · · · · · · · · · · · · ·	□Remove
			□ Change
			□Add
			CRemove
			□Change
····			□Add
			□Remove
			□Change
		<del></del>	🗀 Add
			□Remove
			□Change

						_
						_
				<del></del>	<del></del>	
· · · · · · · · · · · · · · · · · · ·	· · ·		·	· · · · · · · · · · · · · · · · · · ·		
<del></del>		·				
<del>.</del>					: E	วกวก
					AL CREE	onoh FFA
					* :	يا
					第2 第2	P X
					Z E Z	PM 15: 21
					- i	=
		· · · · · ·				
	<del></del>	<del> </del>	· · · · · · · · · · · · · · · · · · ·			_
<del></del>		<del></del>				
fective date, if other than the n effective date is listed, the date must te: If the date inserted in this blocument's effective date on the Decument	date of filing: t be specific and can ock does not meet	the applicable s	e of filing or more t statutory filing rec	(option han 90 days after fi quirements, this c	ling.) Pursuant to (	605.020 isted :
ecord specifies a delayed effective is filed.	e date, but not an e	effective time, a	t 12:01 a.m. on tl	ne earlier of: (b)	The 90th day a	fter th
01/31/2020 ted	·					
		\ K	JX -			

Filing Fee: \$25.00