

L20000041725

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

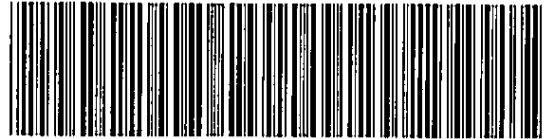
(Business Entity Name)

(Document Number)

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10/05/20--01003--025 **25.00

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2020 OCT -5 PM 1:04

11/10/20

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MCID LUNA HVAC 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:

MILTON R DEL CID CERON

Name of Person

MCID LUNA HVAC LLC

Firm/Company

5206 US HWY 98 N

Address

LAKELAND, FL 33809

City/State and Zip Code

miltondelcid91@hotmail.com

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

For further information concerning this matter, please call:

Milton R Del Cid Ceron

469 720-5289
at ()

Name of Person

Area Code

Daytime Telephone Number

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**

MCID LUNA HVAC 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 02/04/2020 and assigned
Florida document number L20000041725.

This amendment is submitted to amend the following:

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

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)

5356 Christiancy Ave

Port Orange, FL 32127

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Milton R Del Cid Ceron

New Registered Office Address:

5356 Christiancy Ave

Enter Florida street address

Port Orange

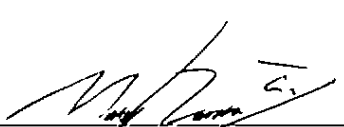
City

Florida 32127

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

SIGN HERE

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>
MBR	Milton R Del Cid Ceron	5356 Christiancy Ave	<input checked="" type="checkbox"/> Add
		Port Orange FL 32127	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AR	DEBORAH D LUNA GRANADOS	610 N OWAISSA STREET	<input type="checkbox"/> Add
		APT 205	<input checked="" type="checkbox"/> Remove
		APPLETON, WI 54911	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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U.S. DISTRICT COURT
NORTH DISTRICT OF CALIFORNIA
SAN FRANCISCO

FILED
2020 OCT -5 PM 1:04

(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)

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.

Signature of a member or authorized representative of a member

Typed or printed name of signee