8/27/2021

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# Filorita Department of State Division of Corporations Division of Corporations Electronic Filling Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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H210003217743ABC.

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Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : HADAS ACCOUNTING AND TAX SERVICES

Account Number : I20170000018 Phone : (305)222-2289

Fax Number : (305)221-3810

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: hadastaxescrulas Ogmall.com

# RATURE SO ANTIFECT

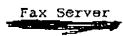
## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LUNA HAZE, LLC

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Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

AUG 3 1 2021

S. PRATHER





August 30, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LUNA HAZE, LLC 1850 NW 19TH AVE MIAMI, FL 33125US

SUBJECT: LUNA HAZE, LLC

REF: L20000153943

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of the entity cannot include "CORP." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

Limited Liability Companies are not corporations. Limited Liability Companies are unique business entities with special characteristics and attributes formed under Chapter 605, Florida Statutes. Corporations, on the other hand, are formed under Chapter 607, Florida Statutes, and possess other distinctive traits and characteristics. Consequently, limited liability company documents cannot contain any references/terms which may implicate the entity is a corporation. Please delete any references to the term "corporation" or the like from your document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Agnes Lunt FAX Aud. #: 821000321774
Regulatory Specialist III Letter Number: 921A00020872



#### **COVER LETTER**

	gistration Se vision of Cor			
SUBJECT	LUNA HA	ZE, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retur	n ail correspo	indence concerning this matter	to the following:	
		BLANCA L LACAYO		
			Name of Person	
		HADAS ACCOUNTING	& TAX SERVICES	
			Firm/Company	
		210 SW 107TH AVE		
			Address	<del></del>
		MIAMI, FL 33174		
			City/State and Zip Code	
		hadastaxcscrvices@gmail.c		First
		E-mail address: (	to be used for future annual report noti-	iteation)
For further	information c	oncerning this matter, please c	ali:	
BLANCA I	LACAYO		305 222-2289	
Name of Person		Area Code Daytim	c Telephone Number	
Enclosed is	a check for th	ne following amount:		
\$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fcc & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fec, Certificate of Status & Certified Copy (additional copy is enclosed)
Re Di		Section orporations	Street Address: Registration Sec Division of Cor	porations
	O. Box 632 Illahassee, I		The Centre of T 2415 N. Monro	allahassee e Street, Suite 810

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

luna haze, LLC				
(Name of the Lim	ited Liability Com (A Plorida Limite	pany as it now appears d Liability Company)	on our records.)	
he Articles of Organization for this Limited I lorida document number 120000153943	Liability Compai	ny were filed on $\frac{06/0}{}$	5/2020	and assigned ::
his amendment is submitted to amend the fol	lowing:			
. If amending name, enter the new name $\bigcap A$				
he new name must be distinguishable and contain the	words "Limited Lia	ability Company," the des	signation "LLC" or the abbre	viation "L.L.C."
nter new principal offices address, if applicable:		1850 NW 19TH	AVE MIAMI, FL 33125	
Principa <u>l office address MUST BE A STRE</u>	ET ADDRESS)			
nter new mailing address, if applicable: Mailing address MAY BE A POST OFFICI	E BOX)	1850 NW 19TH A	AVE MIAMI FL 33125	
. If amending the registered agent and/or ent and/or the new registered office addr	ess here:		cords, <u>enter the name c</u>	of the new register
Name of New Registered Agent:	JANCY LAI	NEZ		
New Registered Office Address:	1850 NW 19		la streci address	
	MIAMI	Enier r 1074		j
	74114.714.11	City	, Florida 33125	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.

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
AMBR	ROSA PALMA	1850 NW 19TH AVE MIAMI FL 33125	■Add
			□ Remove
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<del>.</del>			□Add
			□Remove
		·	
			□Add
			🖸 Remove
			☐ Change
			□ Remove
			Change
			□Add
			□Change
		<del>-</del>	□Abb
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D. If ame	ending any other information	i, enter change(s) here: (Attach additional sheets, if r	necessary.)	
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Note:	tive date, if other than the da fective date is listed, the date must be If the date inserted in this block ment's effective date on the Depa	: 00s2 tot mest me abbitrante grammer à nume redenaments	optional) after filing.) Pursuant to 605. , this date will not be liste	.0207 (3)(b) ed as the
If the recor		ate, but not an effective time, at 12:01 a.m. on the carlier o	f: (b) The 90th day after	the
10010 13 11		•••	<b>&gt;&gt;</b> : □ · · · · · · · · · · · · · · · · · ·	2# <u>5</u> 1
Dated	AUGUST 27	2021	'≱-† 1417' -≱-1 <sub>1</sub>	201 AUG 30
	( ) LIN		70 P	630
	Sig	mature of a member or authorized representative of a member	\$ \frac{1}{2} 177 177 \text{178}	
	JANCY LAINEZ		<b>₩</b> 7	