

K20000180516

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SECRETARY OF STATE
TALLAHASSEE, FL

O SIMMONS

DEC 1 6 2020

COVER LETTER

Registration Section
Division of Corporations

The Lunsphere LLC

SUBJECT:

Name of Limited Liability Company

enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

William Reicherter

Name of Person

The Lunsphere LLC

Firm/Company

7957 N University Dr #154

Address

Parkland, FL 33067

City/State and Zip Code

francescar@thelunasphere.com

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

For further information concerning this matter, please call:

William Reicherter

954 4647999

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**

The Lunsaphere LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

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TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 06/26/2020 and assigned
Florida document number L20000180516.

This amendment is submitted to amend the following:

I. 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:

5193 NW 15th St

Principal office address MUST BE A STREET ADDRESS

Margate, FL 33063

Enter new mailing address, if applicable:

7957 N University Dr

Mailing address MAY BE A POST OFFICE BOX

#154

Parkland, FL 33067

I. 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

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added
removed from our records:

GR = Manager

MBR = Authorized Member

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<u>Title</u>	<u>Name</u>	<u>Address</u>	2023 NOV 10 AM 7: 54	<u>Type of Action</u>
GR	William Reicherter	8023 NW 112th Terr. TALLAHASSEE, FL Parkland, FL 33076	SECRETARY OF STATE	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
GR	Ed Cannatelli	2101 NW 33rd St Pompano Beach, FL 33069		<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
GR	John Szkaradek	12660 NW 76th St Parkland, FL 33076		<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
GR	Andrew Haas	8028 NW 112th Terr Parkland, FL 33076		<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

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

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TALLAHASSEE, FL

Effective date, if other than the 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 be listed as the document's effective date on the Department of State's records.

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 November 6, 2020



Signature of a member or authorized representative of a member

Francesca Reichert

Typed or printed name of signee