

L20 000 270 112

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

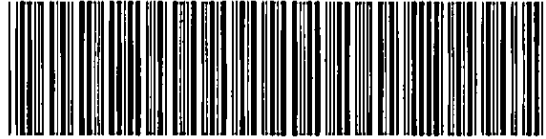
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



400352226334

09/21/20--01020--007 \*\*25.00

FILED  
2020 SEP 21 AM 11:39  
FBI - MEMPHIS

D. BRUCE  
OCT 28 2020

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: LUNA'S TRANSPORT 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:

ROBERTO HERNANDEZ

Name of Person

LUNA'S TRANSPORT LLC

Firm/Company

5206 US HWY 98 N

Address

LAKELAND FL 33809

City/State and Zip Code

luna3118@yahoo.com

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

For further information concerning this matter, please call:

ROBERTO HERNANDEZ

Name of Person

813 466-2116  
at ( )

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

SEP 21 2020  
TALLAHASSEE, FL

2020 SEP 21 AM 11:39

FILED

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

LUNA'S TRANSPORT 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 08/31/2020 and assigned  
Florida document number 1.20000270112.

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)

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:

ROBERTO HERNANDEZ

New Registered Office Address:

237 CASCADE BEND DR

*Enter Florida street address*

RUSKIN

*City*

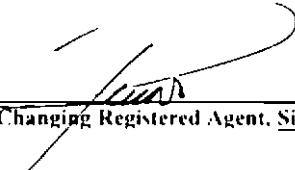
Florida

33570

*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

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	ROBERT HERNANDEZ	237 CASCADE BEND DR	<input type="checkbox"/> Add
		RUSKIN, FL 33570	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	ROBERTO HERNANDEZ	237 CASCADE BEND DR	<input checked="" type="checkbox"/> Add
		RUSKIN, FL 33570	<input 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
2020 SEP 24 AM 11:39  
TALLAHASSEE  
FLA

7  
100-670

7

2020 SEP 21 AM 11:39

(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.

Dated SEPTEMBER 15, 2020

Signature of a member or authorized representative of a member

ROBERTO HERNÁNDEZ

Typed or printed name of signee

**Filing Fee: \$25.00**