(Re	questor's Name)	· - · · · · · · · · · · · · · · · · · ·
(Ad	dress)	
·	·	
		<u>-</u>
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
	<u> </u>	
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
	_	
Special Instructions to	Filing Officer:	
•		
		<u></u>

Office Use Only

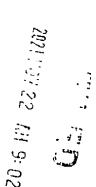


700376179777

11/23/21--01001--017 **25.00

ALLAHASSEE, TEVE

HOV 2 3 2021 I ALBRITTON



CORPORATE ACCESS, _

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303 ***

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

	CERTIFIED COPY	
XX	РНОТОСОРУ	
	CUS	
XX	FILING	LLC AMEND
	GLORIA LUNA LLC (CORPORATE NAME AND DOC	
_	(CORPORATE NAME AND DOC	CUMENT #)
_	(CORPORATE NAME AND DOC	CUMENT #)
_	(CORPORATE NAME AND DOC	CUMENT #)
_	(CORPORATE NAME AND DOC	CUMENT #)
	(CORPORATE NAME AND DOC	

COVER LETTER

TO:	Registration Sec Division of Corp			
CUDIE	·c··	Gloria	Lung LLC	
SUBJE	.C1:		ted Liability Company	
The en	closed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please	return all correspon	idence concerning this matter	to the following:	
		G	lona Luna	
			Name of Person	
			Firm/Company	
		2000 Salzec	To St Apt 1401	
		Coral Gables	FL 35/34 City/State and Zip Code	
		(21044 100	a Ca Ca Decilly Co	on the Glomen Tira and
		E-mail address: (1	to be used for future annual report notif	omtor Giomin7776 aol.
For fu	ther information co	oncerning this matter, please ca		
_6	110119 LUC Name of	C4 Person	at (3)5 803 - 8 Area Code Daytime	3450 Telephone Number
Enclos	ed is a check for th	e following amount:		
□ \$ 2	5.00 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)
		NC ADDRESS.	STREET/COURT	ED ADDDESS.

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

(Name of the Limited Lability Compa (A Florida Limited L	A LLC ny as it now appears inbility Company)	on our records.)		
The Articles of Organization for this Limited Liability Company Florida document number <u>LAMOOGU4A5</u>	were filed on	a/a//a	<u>0⊝1</u> and assi	gned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company be	<u>re</u> :		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the de	signation "LLC" o	r the abbreviation "L.I	c.=
Enter new principal offices address, if applicable:		<u> </u>		
(Principal office address MUST BE A STREET ADDRESS)				
			21 (0	=1
			¥ 2	2.54
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)		<u>.</u>	220	n]
		· · 		* <i>*</i>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		our records,	\sim	of the new
Name of New Registered Agent:				
New Registered Office Address:		ida street address		
	Dati Flori			
	City	, Flori	ida Zio Code	
New Registered Agent's Signature, if changing Registered Agent:				
I haraby accept the appointment as registered agent and age		anacity I furth	er garee to comp	lu with the

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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Ciloria Wing	2000 Solzedo St. # 1401, CG, FC.	3313 gard
			Remove
			Change
			Remove
			Change
			D Add
			C Remove
			☐ Change
			O Add
			C Remove
			Change
		 _	🗆 Add
			□ Remove
			Change
			CJ Add
			Remove
			Change

). If an	ending any other information, enter change(s) bere: (Attach additional sheets, if necessary.)
(Ifan <u>Not</u> i	ctive date, if other than the date of filing:
Chi Th	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: see 90th day after the record is filed.
Date	11/22/2021
	Signature of a member authorized representative of a member
	<u>Gloria Luna</u>

Page 3 of 3

Filing Fee: \$25.00