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(Requestor's Name)
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(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
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(Document Number)
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SECRE LARY OF STATE

9/14/2021

Division of Corpo	rations			•
SUBJECT: <u>501a</u>	X LUNOX Name of Limi	EXPRESS ited Liability Company	5. LL	<u>C</u>
The enclosed Articles of Ar	nendment and fee(s) are sub-	mitted for filing.		
Please return all correspond	ence concerning this matter	to the following:		
	Amy Solar	Namp of Person LUNAY E Firm/Company	sxpres:	s UC
	1135 Hom	er St M Address	J	
	Palm F	City/Suite and Zip Code	3291	07
	Solar Lunar E-mail address: (t	o be used for future annual re	port notification)	.com
For further information con	cerning this matter, please ca	all:		
Amy Cagl	erson	at (170) Area Code	37 — Daytime Telepho	1990 ne Number
Enclosed is a check for the t	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)

Registration Section

TO:

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

TO ARTICLES OF ORGANIZATION OF

FILED

2021 AUG 30 PH 2: 09

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		on our resordsine lat TALLAHAS	SEE, H
he Articles of Organization for this Limited Liability Company Iorida document number <u>L2100024675</u> 4	y were filed on <u>5</u>	126/21	and assigne
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited lial	bility company her	<u>e</u> :	
ne new name must be distinguishable and contain the words "Limited Liab	ility Company," the des	ignation "LLC" or the a	bbreviation "L.L.C."
nter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)			
			
nter new mailing address, if applicable:	<u></u>		
Mailing address MAY BE A POST OFFICE BOX)			
		,-···	
. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our rec	ords, <u>enter the nar</u>	ne of the new reg
ent many the new vegistered since address never			
Name of New Registered Agent:			
New Registered Office Address:	Enter Elorid	a street address	
	F3744 C 7 4 C C 1 C C		
	City	, Florida	Zip Code
	Cay		ътрх, оне

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with 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 to 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

MGR = Mar AMBR = Aut	nager horized Member		
<u>Title</u>	<u>Name</u>		Type of Ac
AMBA	Amy Cagle	1135 Homer StNW. Paint 32907	i DAdd
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or removed from our records:

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
I simply need to be listed as
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- Cong J Copy
E. Effective date, if other than the date of filing:
(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 605.020 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records.
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 8/23/2021 . 2021 .
Signature of a member or authorized representative of a member
Typed or printed name of signee

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