LZ1000318402

(Requ	uestor's Name)	
(Addı	ress)	
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(City/	/State/Zip/Phone	e #)
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SECRETARY OF STATE

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COVER LETTER

TO: Registration Sect Division of Corpo				
SUBJECT: <u>LUNU</u>		ited Liability Company		
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.		
Please return all correspond	dence concerning this matter	to the following:		
	(iamil	a Figure redo		,
		LUXULY SETVICES, Firm/Company	SECRETA STALLA	
		rte Dr. Address	2021 JUL 23 PH 1: 04 SECRETARY OF STATE STALL ARM SSEE, FL	MO
	Orlando	City/State and Zip Code	FATE OF	
		murphy Lagrant.	COTO	
For further information cor	ncerning this matter, please ca	ill:		
Camila Fo	ivieredo Person	at (<u>401</u>) <u>473 - C</u> Area Code Daytimo	1056 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	
<u>Mailing Address:</u> Registration Se Division of Co	ection	<u>Street Address:</u> Registration Sec Division of Cor		

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street. Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Lunar Luxury Services		
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records. Liability Company)	.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000318402</u> .	y were filed on 7/13/21	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	bility company here:	
Lunar Construction Services, LLC The new name must be distinguishable and contain the words "Limited Liabi	Cility Company," the designation "LLC"	or the abbreviation 'the C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		L 23 PH I: 04
Enter new mailing address, if applicable:		<u>"m"</u>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter t	he name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
		rida
	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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each per being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Comila Figurerecko	3848 Pyrite Dr.	□Add
	_	Orlando, FL 32826	□Remove
			X Change
AMBR	Breno Figueredo	3848 Pyrite Dr.	□Add
		Orlando, FL 32826	□Remove
			F iChange
			□Add
		TALLAH	Remove Jul Jul Property Property
		LLAHASSEE FL	PH OF
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e record specifies a The 90th day after			but not an	effective ti	me, at 12:0	1 a.m. c	on the	earlier
ated July 25	<u> </u>	2	<u>0a1</u> .					
U			/ .	•				