

h21000318402

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

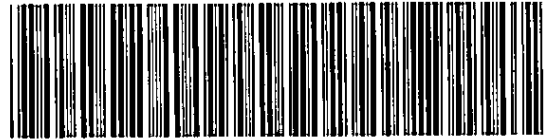
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

US  
8/17/21

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Lunar Luxury Services, 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:

Camila Figueredo  
Name of Person

Lunar Luxury Services, LLC  
Firm/Company

3848 Pyrite Dr.  
Address

Orlando, FL 32826  
City/State and Zip Code

Camila.murphy1@gmail.com  
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Camila Figueredo at (407) 473-0056  
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

A map of Louisiana with a small rectangle in the northern part of the state indicating the location of Lake de Cade.

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

**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 per 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>
AMBR	Cumila Figueredo	3848 Pyrite Dr.	<input type="checkbox"/> Add
		Orlando, FL 32826	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Breno Figueredo	3848 Pyrite Dr.	<input type="checkbox"/> Add
		Orlando, FL 32826	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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

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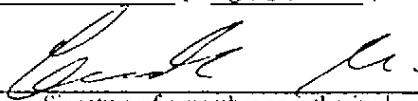
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 not be listed as the 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 July 21, 2021.



Signature of a member or authorized representative of a member

Camila Figuieredo

Typed or printed name of signee