7/13/23, 1:00 PM

Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : TAX ZONE INC.

Account Number : I20190000044

: (407)888-3131

Fax Number

: (888)453-0509

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Accountantaltaxzonefl.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LUNA GIFT LLC

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

S. ROBERTS

JUL 1 4 2023

COVER LETTER

TO: Registration Sec Division of Corp						
LUNA GIFT	LLC					
	Name of Lin	nited Liability Company				
The enclosed Articles of A	amendment and fee(s) are sub	omitted for filing.				
Please return all correspon	dence concerning this matter	to the following:				
	ED KOTLER					
		Name of Person				
	TAX ZONE INC					
		Firm/Company				
	8865 COMMODITY CIR	STE 4				
	Address					
	ORLANDO, FL 32819					
	ACCOUNTANT@TAXZO	City/State and Zip Code				
	-	to be used for future annual report notif	ication)			
For further information co	ncerning this matter, please c	all:				
ED KOTLER		407 888-3131 nt ()				
Name of	Person	Area Code Daytime	Telephone Number			
Enclosed is a check for the	following unrount:					
国 S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fec, Certificate of Status & Certified Copy (additional copy is enclosed)			
Malling Address		Street Address				

Malling 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

From: Tax Zone

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

lity Compan da Limited L	ny as it now appears on our records.) lability Company)	
Company v	were filed on 08/26/2021	_ and assigned
nited liabil	lity company here:	
mited Liabili	ty Company," the designation "LLC" or the abbr	eviation "L.L.C."
	5147 INTERNATIONAL DR SUITE B	20.
RESS)	ORLANDO, FL 32819	ن ر
	5147 INTERNATIONAL DR SUITE B	
	ORLANDO, FL 32819	<u>လ်</u>
		00
ed office ac	ddress on our records, <u>enter the name</u>	of the new registered
INTERNA'	TIONAL DR SUITE B	
	Enter Florida street address	
ANDO	, Florida ³²⁸¹	9
	Cin	Zip Code
	Company viited liabilinited Lia	ORLANDO, FL 32819 5147 INTERNATIONAL DR SUITE B ORLANDO, FL 32819 d office address on our records, enter the name of the street address Enter Florida street address ANDO , Florida 32819

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.

To:

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>	Name	Address	Type of Action
MGR	LOUBNA BERKIA	5147 INTERNATIONAL DR SUITE B	DAdd
		ORLANDO, FL 32819	
			CIAdd
			GChange
			□Remove
			☐ Change
			□Add
			□Remove
			Change
			□Add
			Remove
			Change
-			
		· · · · · · · · · · · · · · · · · · ·	El Remove
			□Change

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Tecti	ve date, if other than the date of filing:
ote:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ent's effective date on the Department of State's records.
æun,	cit's effective date on the Department of State's records.
recore is fil	d 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 ed.
nted _	July 13 , 2023.
	Loubo Cecker
	Signature of a member or authorized representative of a member
	Signifiate of a manner of annionized representative of a mestact