Florida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600 Fax Number : (323)389-0502

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

Email	Address:	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LUNARA DIVINE L.L.C.

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Corporate Filing Menu

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TO:

Registration Section

Tallahassee, FL 32314

From: James Wiseman

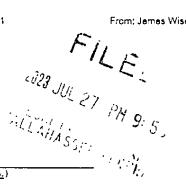
COVER LETTER

Division of Co	rporations		
LUNARA SUBJECT:	DIVINE L.L.C.		
	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fec(s) are subm	nitted for filing.	
Please return all corresp	ondence concerning this matter (o the following:	
	Cheyenne Moseley		
		Name of Person	
	Legalzoom.com, Inc.		
		Firm/Company	
	101 N Brand Blvd 11th Fl		
		Address	
	Glendale, CA 91203		
		City/State and Zip Code	·
	Lunaradivine III 0@gmail.co		
	E-mail address: (te	be used for future annual report not	(lication)
For further information of	concerning this matter, please cal	D:	
Cheyenne Moseley		at () 773-0888 Area Code Daytim	
Name	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	■ \$55,004 iling Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Regisī Divisi P.O. H	JING ADDRESS: ration Section on of Corporations lox 6327 assee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce	on rations

Tallahassee, Fl. 32301

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF.



LUNARA DIVINE L.L.C. (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 11/01/2021 and assigned Florida document number L21000472662 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Shadow Revisions LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 Changing Registered Agent, Signature of New Registered Agent

_. Florida ____

MGR = Manager

If amending Authorized Person(s) authorized to manage. <u>enter the title, name, and address of each person_being added or removed from our records</u>:

AMBR = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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To:

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