12/5/22, 4:37 PM

Division of Corporations

## Florida Department of

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PARASEC

Account Number : I20180000086 Phone : (916)576-7000

Fax Number : (800)603-5868

\*\*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 LUNAR BLUE SERVICES LLC

Certificate of Status	0
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To: 18506176383 From: 19166105073 Date: 05/16/23 Time: 7:02 PM Page: 03/05

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lunar Blue Services LLC			
(Name of the Limited Liability Compa (A Fiorida Limited)	ny as it now appe Liability Company	ars on our records.)	
The Articles of Organization for this Limited Liability Company	were filed on _	27/02/2023	and assigned
Florida document numberL22000122349			
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited liab</u>	ility company	<u>here</u> :	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the	: designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1935 Ginko	St SE, Auburn, WA	98092
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1935 Ginko	St SE, Auburn, WA	. 98092
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our	records, enter the na	<b>6</b> 3
			0231
Name of New Registered Agent:		·	
New Registered Office Address:	Entar F	lorida straet address .	<del></del>
		, Florida	TO
	City		Tp 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.

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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

Title	Name	Address	Type of Action
<u>MGR</u>	KRAVTSOV NAZAR	1935 Ginko St SE	
		Auburn, WA 98092	
			☐ Change
		•	□Remove
			Change
			C_Add
			□Remove
			DChange
			CAdd
			☐ Change
			©Remove
			☐ Change
			L'Add
			□Remove

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). If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E. Effective date, if other than the date of filing:
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 23 February 2023  Signature of a member of authorized representative of a member
ZAITSEV MAKSYM  Typed or printed name of signee

Filing Fee: \$25.00