L22000/60758

(Req	luestor's Name)	
(Add	ress)	
(Add	lress)	<u> </u>
(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	ne)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Fforida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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Merger File					Fictitious Name File
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Photo Copy					Annual Report / Reinstatement
Certificate of Good Standing					Cert. Copy
Certificate of Status					Photo Copy
Certificate of Fictitious Name					Certificate of Good Standing
Corp Record Search					Certificate of Status
Officer Search					Certificate of Fictitious Name
Fictitious Search					Corp Record Search
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Requested by:	<i>.</i>				Vehicle Search
Name Date Time UCC 11 Search					Driving Record
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Walk-In Will Pick Up Courier	Name	Date	Time		UCC 11 Search
					UCC 11 Retrieval
		Will Pick Up			Courier



RECEIVED 2022 APR 20 PM 2: 44 FLORIDA DEPARTMENT OF STATE ST

April 19, 2022

CAPITAL CONNECTION

SUBJECT: LUNAR WORLD LLC Ref. Number: L22000160758

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

PLEASE PROVIDE THE DATE THE ARTICLES OF ORGANIZATION WAS FILED AND ALSO THE DOCUMENT NUMBER FOR THE LLC IN THE SPACE PROVIDED AT THE BEGINNING OF THE AMENDMENT FORM.

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document. We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell Regulatory Specialist II Supervisor

www.sunbiz.org

Letter Number: 522A00009139

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Lynch World LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling
Please return all correspondence concerning this matter to the following.
Faith Scott Tomer Name at Person
Firm Company
151_ SH_WA Lank Address
Hennes Rad, Fl 33034
1907 190 1 Classed to house mount report mouthcattons
For further information concerning this matter, please call:
FOLK Scott - Jointo at (305) 351 - 6927 Nature of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S25.00 Filing Fee & Certificate of Status Certificate of Status & Certificate of Sta

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, Ft. 32314 STREET/COURIER ADDRESS; Registration Section Division of Corporations Cliffon Building 2661 Executive Center Circle Tallahassee, FL 32301

2022 APR 20 AM 8: 14

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lunge Norld LLC	ny as il now appears on our	r records.	
The Articles of Organization for this Limited Liability Company	were filed on April	_15 ₁ 2.022_ and assigne	d
Florida document number 1,22,000,109,158.	•		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation	on "LLC" or the abbreviation "L.L.C."	
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 BON)			
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here:	ice address on our re	ecords, enter the name of t	he new
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street	address	
		, Florida	
New Registered Agent's Signature, if changing Registered Agent: thereby accept the appointment as registered agent and agree	Cop To act in this capacity	· I further agree to comply w	ith the
hereby accept the appointment as registered agent and agree rovisions of all statutes relative to the proper and complete peccept the obligations of my position as registered agent as precing filed to merely reflect a change in the registered office acompany has been notified in writing of this change.	wided for in Chapter	605, F.S. Or, if this documen	

Page 1 of 3

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 person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGB.	foith Scott - Jones	151_SN 64 Lans	G- X dd
		Homeliad, Fl 33034	Remove
			☐ Change
			☐ Remove
			Change
			D Add
			🗆 Remove
			Change
			O Add
			□ Remove
			🖸 Change
			Add
		Remove	
			Change
		☐ Remove	
			☐ Change

If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	
Effective date, if on the effective date is his Note: If the date inside document's effective	ther than the date of filing:
ne record specifi The 90th day a	es a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: ofter the record is filed.
Dated April	19 , 2022 .
FJc	Signature of a member or authorized representative of a member
_Fail	Signature of a member or authorized representative of a member Signature of a member of authorized representative of a member Scoll - Tong Typed or printed name of signee
	Page 3 of 3
	Filing Fee: \$25.00

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