# 4091900

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





600434690676

2024 OCT 24 AM II: 20

FILED

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 662114

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE: September 30, 2024

ORDER TIME : 11:48 AM

ORDER NO. : 662114-001

CUSTOMER NO: 8447513

\_\_\_\_\_\_

### DOMESTIC AMENDMENT FILING

NAME: BLUNA LLC

EFFECTIVE DATE:

ARTICLES OF AMENDMENT
RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Miller -- EXT#

EXAMINER'S INITIALS:

## **COVER LETTER**

TO:

	gistration Se ision of Cor					
CITE IN ANY	BLUNA LLC  T:  Name of Limited Liability Company					
SUBJECT:						
The enclosed	l Articles of .	Amendment and fee(s) are sub	mitted for tiling.			
		ndence concerning this matter				
		Jeremi bryk				
			Name of Person	<del></del>		
			Firm/Company			
		1957 shower tree way				
			Address			
		Wellington, 33414				
			City/State and Zip Code			
		Bravobryk@gmail.com	to be used for future annual report no	titionian)		
For further i	nformation co	oncerning this matter, please c		uncation)		
Jeremi bryk			210 7727371 at ()_			
	Name o	f Person	Area Code Daytii	me Telephone Number		
Enclosed is	a check for th	ne following amount:				
□ \$25.00 l	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address:		Street Address: Registration Section				
Registration Section Division of Corporations		Division of Corporations				
P.0	D. Box 632	7	The Centre of	Tallahassee		
Ta	Hahassee, I	L 32314	2415 N. Monr	oe Street, Suite 810		

Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLUNA LLC					
( <u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)				
The Articles of Organization for this Limited Liability Comp Florida document number L24000190414.	pany were filed on 04/23/2024	and assigned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited	liability company here:				
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC" or	the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	1957 shower tree way, 33414				
(Principal office address MUST BE A STREET ADDRES:	<u></u>				
		<del></del>			
Enter new mailing address, if applicable:	1957 shower tree way, 33414	24 OCT 2			
(Mailing address MAY BE A POST OFFICE BOX)					
		- 🖁 🖸			
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our records, enter the	name of the <b>B</b> y register			
Name of New Registered Agent:					
New Registered Office Address:	Enter Florida street address				
	, Florida				
	City	Zip 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.

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>	<u>Name</u>	Address	Type of Action
AMBR	Luisa Fernanda	1957 Shower Tree Way	≣Add
		Wellington, FL 33414	□Remove
			□Change
			🗆 Add
			□Remove
			□Add
			□Remove
			Change
			□ Add
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						<u>.</u>	
n effective <u>ite:</u> If the	ate, if other than the date is listed, the date mu- date inserted in this b effective date on the f	st be specific and ca lock does not med	et the applicat		nore than 90 days		
ecord spe- is filed.	rifies a delayed effecti	e date, but not ar	i effective tim	e, at 12:01 a.m	on the earlier of	f: (b) The 90th (	day after the
ted	October	11, 2024			/p	mfr	
_		Signature of a me	mber or author	zed representativ	e of a member	F	<del></del>
		ingilatary of a me					

CSC 662114

October 11, 2024

662114-1

Filing Fee: \$25.00