L2400315091

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of 1130/2024

COVER LETTER

TO:

Registration Section
Division of Corporations

LUNA GAI	LACTICA LLC		
3000 ECT.	Name of Lin	ited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	SERGIO X PALACIOS		
		Name of Person	
	LUNA GALACTICA LLO	C	
		Firm/Company	
	14955 SW 36ւհ ST		
		Address	
	DAVIE/ FLORIDA / 3333	31	
		City/State and Zip Code	
	luna@americandeed.com		
	E-mail address: (to be used for future annual report not	ification)
For further information co	oncerning this matter, please c	all:	
SERGIO X PALACIOS		305 458-7166	
Name of	Person	at () Area Code Daytim	ne Telephone Number
Enclosed is a check for the	e following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7	Street Address: Registration Se Division of Co The Centre of T 2415 N. Monro	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2024 (*** 29 Fil 5: 22

LUNA GALACTICA LLC		
(<u>Name of the Limited Lis</u> (A Flo	ability Company as it now appears on or orida Limited Liability Company)	ar records.)
The Articles of Organization for this Limited Liabilit	ly Company were filed on JULY 16	, 2024 and assigned
Florida document number L24000315091		_
This amendment is submitted to amend the following	5. 1.	
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 Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET AD	DDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX		
B. If amending the registered agent and/or registe egent and/or the new registered office address her	ered office address on our records	, enter the name of the new register
	_	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	et address
<u> </u>		, 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 amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	WILLIAM MELO	14955 SW 36th ST	
		DAVIE, FL, 33331	■Remove
			□ Change
			□ Add
			□Remove
		□Add	
			□Remove
		□Add	
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Effortive date if when the start	1	
th an encetive date is listed, the date mus	date of filing:	a= 60a - x 0a - x - x - x - x - x - x - x - x - x -
he record specifies a delayed effectivord is filed.	date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	2024	
	Signature of a member or authorized representative of a member	
	2 amender	
SERGIO X PALACIOS		