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y 9/11/2025

COVER LETTER

TO: Registration Section

Division of Cor	rporations		
	R BEAUTY STUDIO LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filling.	
Please return all correspo	ondence concerning this matter	to the following:	
	MARIAN A CALDERON	MATERANO	
		Name of Person	
	LUNAMAR BEAUTY ST	TUDIO LLC	
	<u></u>	Firm/Company	
	2075 NE 164TH ST APT	503	
		Address	
	NOTH MIAMI BEACH F	T. 33162	
		City/State and Zip Code	
	LUNAMARBEAUTYSTU F-mail address: (to be used for future annual report not	itication)
For further information c	concerning this matter, please c	all:	
MARIAN A CALDERO	ON MATERANO	786 290-9988	
Name of Person		at ()Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25,00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy radditional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration ! Division of C	Section	<u>Street Address:</u> Registration Se Division of Co	
P.O. Box 632	27	The Centre of	Fallahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

LUNAMAR BEAUTY STUDIO LLC

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(Name of the Limit	ed Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	SECALLLY STATE
	(A Frontia Emitted Claiming Company)	SECHLIAMY WISTATI TALLAHASSEE, FL
The Articles of Organization for this Limited Li	ability Company were filed on 03/18/2025	and assigned
Florida document number 1.25000132979	•	
This amendment is submitted to amend the follo	owing:	
A. If amending name, <u>enter the new name of</u>	the limited liability company here:	
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the designation "FLC" o	r the abbreviation "L.I.,C."
Enter new principal offices address, if applic	able:	
(Principal office address MUST BE A STREE	T ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>	
B. If amending the registered agent and/or r agent and/or the new registered office addres	egistered office address on our records, <u>enter th</u> ss here:	e name of the new registered
The state of the s		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Flori	da
	City	da Zip Code
New Registered Agent's Signature, if changing I	Registered Agent:	
provisions of all statutes relative to the prope accept the obligations of my position as regi.	d agent and agree to act in this capacity. I furth er and complete performance of my duties, and stered agent as provided for in Chapter 605, F.S registered office address. I hereby confirm that t change.	I am familiar with and 8. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

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>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	CALDERON VARGAS, ALDEMARO F	2075 NE 164 TH ST APT 503 NORTH MIAMI	□Add
		BEACH FL 33162	■ Remove
			□Change
			\ \ \ \
			□Remove
			[]Change
			Cadd
			□Remove
			Change
			□Add
			□Remove
			□Change
			TAJd
			□Remove
			□Change
		**	□Add
			□Remove
			T Change

	member (MGR) of the LLC.
	Calderon Vargas , Aldemaro F is hereby removed as authorized person.
	The company shall continue to be managed by its sole member.
Not	ctive date, if other than the date of filing:
If the rec record is	rord 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 filed.
Date	JULY 17 2025
17410	MA. The
	$\mathcal{L} = \mathcal{L}(\mathcal{M}) + \mathcal{L}(\mathcal{M})$
	Signature of a member or juthorized representative of a member

Filing Fee: \$25.00