8000 FON

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)	·
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(D	ocument Number)	
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Certified Copies	Codificates of	Statue
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COVER LETTER

TO: Amendment Section **Division of Corporations**

P.O. Box 6327 Tallahassee, FL 32314

Luna Plantati NAME OF CORPORATION:	on Property Owners /	Association			
N07668					
DOCUMENT NUMBER:				_ .	
The enclosed Articles of Amendment and fee	are submitted for filin	ę.			
Please return all correspondence concerning th	is matter to the follow	ving:			
Danny Hayes					
	(Name of Cor	itact Person)	-		
Kirby Management Group					
	(Firm/ Co	ompany)		-	
	(* ******	· · · · · · · · · · · · · · · · · · ·			
3972 N. Monroe St.					
	(Add	ress)			
Tallahassee, Fl 32303					
	(City/ State ar	nd Zip Code)	#J		
kirbymanager@gmail.com				. •	٠,-2
E-mail address: (to	be used for future and	nual report notificat	ion)		
For further information concerning this matter	. please call:				Ħ.
Danny Hayes		850	562-8708	· :	
(Name of Contact	Person)	at (Area Code) (Daytime Tele	phone Numbe	r) <u>=</u>
Enclosed is a check for the following amount i	nade payable to the F	lorida Department	of State:		: 50
□ \$35 Filing Fee □\$43.75 Filing I Certificate of S	Fee & S43.75 Filin Status Certified Co (Additional enclosed)	opy Cer copy is Cer (Ac	50 Filing Fee tificate of Status tified Copy Iditional Copy is closed)		
Mailing Address Amendment Section Division of Corporations		Street Addres Amendment So Division of Co	ection		

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Articles of Amendment

to

--- , - ,

Articles of Incorporation

	Articles of factor por ation		
LUNA Plan	Hotiow Property Owner	. ک	A550C
(Name of Corporation as currently filed with the	Florida Dept. of State)		
(Docume	ent Number of Corporation (if known)		
Pursuant to the provisions of section 617,1006, Flori amendment(s) to its Articles of Incorporation:	ida Statutes, this <i>Florida Not For Profit Corporation</i> add	opts the	following
A. If amending name, enter the new name of the	corporation:		
			The new
name must be distinguishable and contain the word "Company" or "Co," may not be used in the name.	"corporation" or "incorporated" or the abbreviation "C	lorp." o	r "Inc."
B. Enter new principal office address, if applicab	ole:		
(Principal office address MUST BE A STREET AL			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	(OX)		
			- 3
		الله (کر	1237
		7-2	
	tered office address in Florida, enter the name of the	~	
new registered agent and/or the new registere	d office address:	٠	tt
Name of New Registered Agent:			<u> </u>
		•	
 <u>New Registered Office Address</u> :	(Florida street address)	,	5
	PL .d.t.		
-	, Florida, (City) (Zip Co	 (dc)	
	(50,5)	• ,	
New Registered Agent's Signature, if changing R. I hereby accept the appointment as registered agent.	egistered Agent: — I am familiar with and accept the obligations of the po:	sition.	
_	Signature of New Registered Agent, if changing		

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change. Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X/Change X/Remove X/Add	PT John Do V Mike Jo SV Sally Sr	<u>ones</u>	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) xxx Change Add	S/T	Phil Swartz	No Change on address
Remove			
2) Change Add		Russell Vanlandingham	
Remove 3) Change Add Remove		 	
4) Change Add			
Remove			202 SE
5) Change Add			ECR TALL.
Remove			4-
6) Change Add			
Remove			
E. If amending or addir (attach additional shee		icles, enter change(s) here: (Be specific)	
, <u> </u>		-	

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The date of each amendment(s) ad	option:	. If other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bloc document's effective date on the Dep	ck does not meet the applicable statutory filing requiren partment of State's records.	nents, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ad was/were sufficient for approva	lopted by the members and the number of votes east for il.	the amendment(s)

are no members or members entitled to vote on the amendment(s). The amendment(s) was/were d by the board of directors.
Dated $11-4-24$
Signature Olayeo
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Daniel Hayes
(Typed or printed name of person signing)
Manager C.A.M
(Title of person signing)

2024 NOV -4 FOR 15 50