

P10000093180

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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☐

MAIL

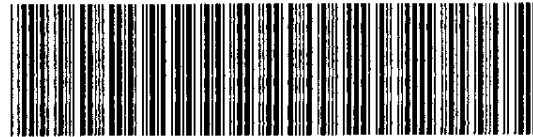
(Business Entity Name)

(Document Number)

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11 MAR 24 PM 1:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Amend*  
C.COULLETTE

MAR 24 2011

EXAMINER

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations \*

**NAME OF CORPORATION:** Louna Corp.

**DOCUMENT NUMBER:** P10000093180

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Louis Naranjo  
Name of Contact Person

Louna Corp  
Firm/ Company

21951 SW 98 Ave  
Address

Cutler Bay, FL 33190  
City/ State and Zip Code

LounaCorp@yahoo.com.  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Laura Gomez at (786) 246-3119  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy is enclosed) |
|--|---|--|---|

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 18, 2011

LOUIS NARANJO  
LOUNA CORP  
21951 SW 98 AVE  
CUTLER BAY, FL 33190

SUBJECT: LOUNA CORP.  
Ref. Number: P10000093180

We have received your document for LOUNA CORP. and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You need to complete the last page of your amendment form, there is not information on it for the adoption and the date of adoption and signature. You also need to indicate on the change of officer area if you are deleting any of the current officers for this corporation.

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) 245-6903.

Cheryl Coulliette  
Regulatory Specialist II

Letter Number: 211A00006709

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

Attn: Cheryl Coulliette

NAME OF CORPORATION: Louna Corp

DOCUMENT NUMBER: P10000093180

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Louis Naranjo

Name of Contact Person

Louna Corp

Firm/ Company

21951 SW 98 Ave

Address

Cutter Bay, FL 33190

City/ State and Zip Code

LounaCorp@yahoo.com

E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 MAR 24 AM 9:48

RECEIVED

For further information concerning this matter, please call:

Laura Gomez

Name of Contact Person

at ( 786 ) 246-3119

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

*\*I already sent  
in Payment*

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is enclosed)

☐ \$52.50 Filing Fee  
Certificate of Status  
Certified Copy  
(Additional Copy is enclosed)

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Division of Corporations  
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Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Articles of Amendment  
to  
Articles of Incorporation  
of

Louina Corp.

(Name of Corporation as currently filed with the Florida Dept. of State)

P10000093180

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

**A. If amending name, enter the new name of the corporation:**

*The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co.". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."*

**B. Enter new principal office address, if applicable:**  
(Principal office address MUST BE A STREET ADDRESS)

21951 SW 98 Ave  
Cutler Bay, FL 33190

**C. Enter new mailing address, if applicable:**  
(Mailing address MAY BE A POST OFFICE BOX)

PO Box 772586  
Miami, FL 33177

**D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:**

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_ (Florida street address)

\_\_\_\_\_, Florida  
(City) (Zip Code)

**New Registered Agent's Signature, if changing Registered Agent:**

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

\_\_\_\_\_  
Signature of New Registered Agent, if changing

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

**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)*

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Senior vice president	Laura Gomez	21951 SW 98 Ave Cutter Bay, FL 33190	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<del>Associate</del> Associate vice president	Joseph Byron Gomez	21951 SW 98 Ave Cutter Bay, FL 33190	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

**E. If amending or adding additional Articles, enter change(s) here:**

*(attach additional sheets, if necessary). (Be specific)*

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**F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:**

*(if not applicable, indicate N/A)*

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The date of each amendment(s) adoption: 3/14/11  
(date of adoption is required)

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval

by \_\_\_\_\_."  
(voting group)

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 3/14/11

Signature [Signature]

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Louis Naranjo  
(Typed or printed name of person signing)

President  
(Title of person signing)