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C. GOLDEN

JUL 1 7 2017

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: LUNA DOG SER	VICE INC	
DOCUMENT NUM	P17000055503		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corre	spondence concerning this ma	tter to the following:	
	CHRISTINA N DE JUAN		
		Name of Contact Person	n
	LUNA DOG SERVICE INC		
		Firm/ Company	
	1672 BOMI CIRCLE		
	,	Address	
	WINTER PARK, FL 32792		
		City/ State and Zip Cod	Ů
lana	servicedogs@gmail.com		
		sed for future annual report	notification)
			,
For further information	on concerning this matter, pleas	se call:	
CHRISTINA N DE J	IUAN	at (590-6388
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check fo	or the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Am Div	iling Address endment Section ision of Corporations	Amend Divisio	Address Iment Section on of Corporations
), Box 6327 Jahassee, FL 32314		Building xecutive Center Circle
1 44	The state of the s		issee, FL 32301

Articles of Amendment to Articles of Incorporation of

FILED

LUNA DOG SERVICE INC

2017 JUL 13 PM 12: 54

(Name	of Corporation as currer	ntly filed with the Florida Dept. of State)
P17000055503		[ALUAHASSEE, FLÖI
	(Document Number	of Corporation (if known)
	1007 El 11 C	
Pursuant to the provisions of section 607 its Articles of Incorporation:	1006, Florida Statutes, thi	is Florida Profit Corporation adopts the following amendment(
A. If amending name, enter the new n	uma of the corneration:	
LUNA SERVICE DOGS INC	ame or the corporation.	
	tuin the sun I "sun unt	The new clon," "company," or "incorporated" or the abbreviation
	nation "Corp," "Inc," or	"Co". A professional corporation name must contain the
		N/A
B. Enter new principal office address, (Principal office address MUST BE A S		
	,	
C. Enter new mailing address, if appl (Mailing address MAY BE A POST		N/A
(Mailing duaress SIAT BE A FOST	OFFICE BUX)	
 If amending the registered agent ar new registered agent and/or the ne 		dress in Florida, enter the name of the
	N/A	<u></u>
Name of New Registered Agent		
	-	
	(Florida :	street address)
New Registered Office Address:	N/A	, Florida
		(City) (Zip Code)
New Registered Agent's Signature, if c		nt: r with and accept the obligations of the position.
· негову ассерсте арронитен ах regis.	еген адет, - гат јатина	с жан ана иссері іне обидання ој те рохион.
	Signature of New	Revistered Avent, 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.

X Change	<u>PT</u> <u>John</u>	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	<u>Jones</u>	
X Add	SV Sally	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
l) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	icles, enter change(s) here: (Be specific)
N/A	
11 - E1	
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	Agnoe recigssification or cancellation of issued shares
 If an amendment provides for an exch provisions for implementing the ame 	endment if not contained in the amendment itself:
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
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provisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:

The date of each amendment(s) late this document was signed.	adoption: ·	, if other than the
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Sote: If the date inserted in this ocument's effective date on the l	block does not meet the applicable statutory filing requirements, this Department of State's records.	date will not be listed as th
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendmer sufficient for approval.	nt(s)
	pproved by the shareholders through voting groups. The following state or each voting group entitled to vote separately on the amendment(s):	ment
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	
The amendment(s) was/were a action was not required.	dopted by the board of directors without shareholder action and shareho	lder
The amendment(s) was/were a action was not required.	dopted by the incorporators without shareholder action and shareholder	
07/05/20 Dated	17	
pact		
Signature		
selec	director, president or other officer – if directors or officers have not beeted, by an incorporator – if in the hands of a receiver, trustee, or other cointed fiduciary by that fiduciary)	
	CHRISTINA N DE JUAN	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

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