## LZ1000195586

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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## **COVER LETTER**

TO:

Tallahassee, FL 32314

TO: Registration Se Division of Co			
	rading, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Lucien Willocks		
		Name of Person	
	Lucamy Trading, LLC		
	•	Firm/Company	
	553 Bimini Bay Blvd		
		Address	<u> </u>
	Apollo Beach, FL 33572		
		City/State and Zip Code	
	lucamytrading@gmail.com	to be used for future annual report not	
For further information c	concerning this matter, please of	·	inications
Lucien Willocks		719 648-5029	
Name o	of Person	at () Area Code Daytir	ne Telephone Number
Enclosed is a check for t	he following amount:		
<b>■</b> \$25.00 Filing Fee	☐ \$30.00 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		Street Address: Registration Sc	ection
Division of C		Division of Co	
P.O. Box 632		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ars on our records.)
april 27, 2021 and assigned
here:
designation "LLC" or the abbreviation "L.L.C."
·
records, enter the name of the new register
O.
· (1
orida street address
, Florida Zin 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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Tamara Willocks	553 Bimini Bay Blvd. Apollo Beach, FL 33572	<b>=</b> Add
			□Remove
			□Change
			□Add
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			□Add
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			□ Add
		·	□ Remove
			🗀 Add
			□Remove
			□Change

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	<del></del>			
Affective date, if other than the anterior of the date is listed, the date inserted in this locument's effective date on the	must be specific and cannot be block does not meet the a	e prior to date of filing o applicable statutory fi	(option r more than 90 days after fit ling requirements, this d	ing.) Pursuant to 605.0207
record specifies a delayed effect I is filed.	tive date, but not an effec	tive time, at 12:01 a.i	n. on the earlier of: (b)	The 90th day after the
June 29 rated	2021			
	·	·		

Filing Fee: \$25.00