

L220000323460

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

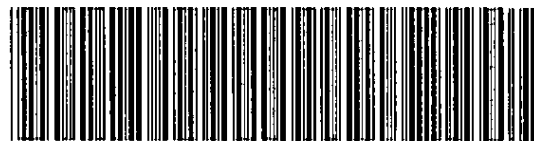
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 4723 LUCERNE LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SANDRA FEBRES

Name of Person

PAOAL INVESTMENT GROUP LLC

Firm/Company

10781 ROYAL PALM BLVD

Address

CORAL SPRINGS, FL 33065

City/State and Zip Code

INFO@PAOLA-INVESTMENT.COM

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

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For further information concerning this matter, please call:

SANDRA FEBRES 954 529-4751

Name of Person at () Daytime Telephone Number

Enclosed is a check for the following amount:

- \$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 Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32311

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
340 E. Madison Street
Tallahassee, Florida 32311

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

4723 LUCERNE LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 7/21/2022 and assigned
Florida document number L22000323460.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, **Florida**

City

Zip 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 Changing Registered Agent, Signature of New Registered Agent

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>	<u>Address</u>	<u>Type of Action</u>
MGR	DUQUE, IRMA	9170 SW 14TH ST. APT 4401	<input type="checkbox"/> Add
		BOCA RATON, FL 33428	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	IDC MANAGEMENT SOLUTIONS LLC	9170 SW 14TH ST APT 4401	<input checked="" type="checkbox"/> Add
		BOCA RATON, FL 33428	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	FEBRES, SANDRA P	10781 ROYAL PALM BLVD. APT. 8	<input type="checkbox"/> Add
		CORAL SPRINGS, FL 33065	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PAOLA INVESTMENT GROUP LLC	10781 Royal Palm Blvd # 8	<input checked="" type="checkbox"/> Add
		Coral Springs, FL 33065	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

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E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated August 2nd, 2022

sandra febres

Signature of a member or authorized representative of a member

SANDRA FEBRES

Typed or printed name of signee