## L25000016473

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## **COVER LETTER**

TO: Registration Se Division of Cor			
LUMIERA	ilc		
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:	
	ASDRUBAL SALAZAR		
		Name of Person	_
	LUMIERA LLC		
		Firm/Company	<del></del>
	137 WEST 14TH STREET	т	<b>53</b>
		Address	2625
	HIALEAH, FL 33010		HAY ?
		City/State and Zip Code	- 20
	LUMIERALLC@GMAIL.		
For further information c	E-mail address: ( oncerning this matter, please c	to be used for future annual report notification)	3: 00
ASDRUBAL SALAZAI	-	786 3339442	_
Name o	f Person	at () Area Code Daytime Telephone Numb	DET
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	□ \$30,00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certific	Filing Fee, cate of Status & ed Copy nal copy is enclosed)
Mailing Address Registration	Section	Street Address: Registration Section	
Division of C P.O. Box 632		Division of Corporations The Centre of Tallahassee	
Tallahassee,		2415 N. Monroe Street, Suite	810

Tallahassee, FL 32303

: :

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LUMIERA LLC		
( <u>Name of the Limited Liabili</u> (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number <u>L25000016473</u>	Company were filed on 01/11/2025	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited 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 ADDI	RESS)	
Enter new mailing address, if applicable:	***	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, <u>enter the</u>	e name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Flori	da
	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>	Type of Action
MBR	JOSE AGUILAR	209 WEST 65TH STREET #204	□∧dd
		HIALEAH FL 33012	
		<del></del>	□Change
MBR	ANA VINCENTELLI	137 WEST 14TH STREET	<b>=</b> Add
		HIALEAH FL 33010	□Remove
			□Change
-			□Add
			□Remove
			Change
	<del> </del>		
		•••	□Remove
			□Change
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			Remove
			□Change

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ective date, if other than t	the date of filing:			(optional)	
effective date is listed, the date in this	must be specific and ca	innot be prior to date			
ument's effective date on the				,	
cord specifies a delayed effects filed.	ctive date, but not an	effective time, at	12:01 a.m. on the e	arlier of: (b) The	90th day after the
s med.					
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ed MAY 12		· ·			2025 HAY

Typed or printed name of signee