

N31000005749

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

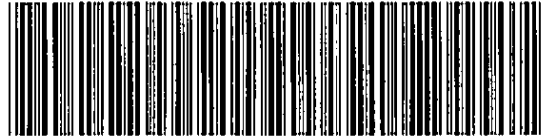
(Business Entity Name)

(Document Number)

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*Amend*

05/20/22--01003--006 \*\*35.00

2022 AUG 15 PM 12 09

FILED

A. RAMSEY

AUG 16 2022

\*00789 01169 00707 00671

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Lux Networking, Inc.

DOCUMENT NUMBER: N21000005749

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

Please return all correspondence concerning this matter to the following:

John C. Goede, Esq.  
Name of Contact Person

Goede, DeBoest & Cross  
Firm/ Company

6609 Willow Park Drive, Second Floor  
Address

Naples, FL 34109  
City/ State and Zip Code

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

For further information concerning this matter, please call:

Susan L. Bedyan at ( 239 ) 331.5100  
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 type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|--|--|---|--|

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

**Street Address**  
Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



**FLORIDA DEPARTMENT OF STATE**  
**Division of Corporations**

July 27, 2022

**JOHN C. GOEDE, ESQ.**  
**GOEDE, DEBOEST & CROSS**  
**6609 WILLOW PARK DRIVE, SECOND FLOOR**  
**NAPLES, FL 34109**

**SUBJECT: LUX NETWORKING, INC.**  
**Ref. Number: N21000005749**

AUG 15 2022

We have received your document for LUX NETWORKING, INC. and your check(s) totalling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you submitted has been prepared pursuant to profit statutes (chapter 607, Florida Statutes). As the entity was originally filed as a nonprofit corporation, this document should be filed pursuant to chapter 617, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6823.

Annette Ramsey  
OPS

Letter Number: 422A00016794

**COVER LETTER**

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Division of Corporations

**NAME OF CORPORATION:** Lux Networking, Inc.

**DOCUMENT NUMBER:** N21000005749

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(Name of Contact Person)

Goede, DeBoest & Cross, PLLC  
(Firm/ Company)

6609 Willow Park Drive, Second Floor  
(Address)

Naples, FL 34109  
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Articles of Amendment  
to  
Articles of Incorporation  
of

FILED  
2022 AUG 15 PM 12 09

Lux Networking, Inc.

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

N21000005749

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For 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" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.*

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

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

**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: \_\_\_\_\_

\_\_\_\_\_  
*(Florida street address)*

New Registered Office 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*

**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.*

Example:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input type="checkbox"/> Add	<u>S</u>	<u>Scott Leamon</u>	<u>6609 Willow Park Drive</u> <u>Second Floor</u>
<input checked="" type="checkbox"/> Remove			<u>Naples, FL 34109</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add	<u>S</u>	<u>Joe Goldstein</u>	<u>6609 Willow Park Drive</u> <u>Second Floor</u>
<input type="checkbox"/> Remove			<u>Naples, FL 34109</u>
3) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>        </u>	<u>        </u>	<u>        </u> <u>        </u> <u>        </u>
4) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>        </u>	<u>        </u>	<u>        </u> <u>        </u> <u>        </u>
5) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>        </u>	<u>        </u>	<u>        </u> <u>        </u> <u>        </u>
6) <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>        </u>	<u>        </u>	<u>        </u> <u>        </u> <u>        </u>

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

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

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The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

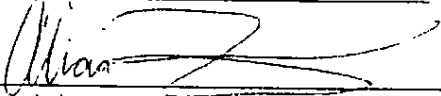
Effective date if applicable: \_\_\_\_\_  
*(no more than 90 days after amendment file date)*

**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.

Adoption of Amendment(s) **(CHECK ONE)**

There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 8/11/2022

Signature 

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

Alicia Farman  
(Typed or printed name of person signing)

President  
(Title of person signing)