

B23000000084

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

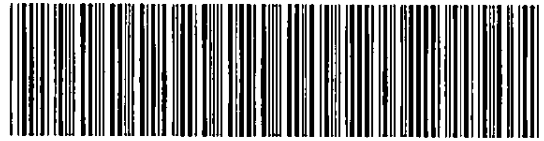
Certificates of Status _____

Special Instructions to Filing Officer:

Free correction due to original
being filed with info that was
in error.

KB

Office Use Only



800425450978

RECEIVED

2024 MAR 27 AM 8:28

SECRET
FBI MAR 27 2024

RECEIVED

2024 MAR 27 AM 8:50

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lumina Alpha One Fund LP
Name of Limited Partnership or Limited Liability Limited Partnership

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Douglas Licker

Contact Person

Lumina Alpha One Partnership LLC

Firm/Company

101 E Kennedy Blvd STE 4110

Address

Tampa FL 33602

City, State and Zip Code

jackie.baker@amci360.com

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

For further information concerning this matter, please call:

Douglas Licker

at (954) 461-6101

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$52.50 Filing Fee

☐ \$61.25 Filing Fee
and Certificate of
Status

☐ \$105.00 Filing Fee
and Certified Copy

☐ \$113.75 Filing Fee,
Certified Copy, and
Certificate of Status

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

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

**STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED PARTNERSHIP
OR
LIMITED LIABILITY LIMITED PARTNERSHIP**

Lumina Alpha One Fund LP

Insert name currently on file with Florida Department of State

B23000000084

Florida Document Number of Limited Partnership or Limited Liability Limited Partnership

Pursuant to the provisions of section 620.1207, Florida Statutes, this limited partnership or limited liability limited partnership submits the following statement of correction.

FIRST: The reason for filing this statement of correction is:

☒ The record contained false or erroneous information.

☐ The record was defectively signed.

SECOND: This statement corrects Original Application

Specify document type being corrected

filed with the Florida Department of State on March 22, 2023

Insert date document filed with Dept. of State

THIRD: The false or erroneous information or defect is as follows:

Jackie Baker was listed erroneously under the General Partner section of the application as an Authorized Representative which is not permitted. She is not a General Partner and this designation should be removed.

FOURTH: The false or erroneous information or defect is corrected as follows:


Jackie Baker needs to be removed as a General Partner from this filing.

2024 MAR 27 AM 8:50

FILED

Signature of a general partner*:

(*Note: If adding or deleting an election to be a limited liability limited partnership statement, all general partners must sign. If adding additional general partner(s), the new general partner(s) must sign).



Douglas Licker, Mgr - Lumina Alpha One Partnership LLC, General Partner

Signature(s) of **new** general partner(s), if any:

Signature of new registered agent, if applicable : (NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation below)

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.

Signature of Registered Agent

Filing Fee:	\$52.50
Certified Copy (optional):	\$52.50
Certificate of Status (optional):	\$8.75