

Division of Corporations

Page 1 of 1

**L08000016267**Florida Department of State  
Division of Corporations  
Public Access System

## Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000084580 3)))



H090000845803ABC1

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

## To:

Division of Corporations  
Fax Number : (850) 617-6383

## From:

Account Name : ROBERT J. HUTCHINS  
Account Number : I19990000126  
Phone : (407) 833-3777  
Fax Number : (407) 386-6584SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2009 APR -9 AM 8:42

FILED

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

## LUCAS CHARTERS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

C. LEWIS

APR 10 2009

EXAMINER

RECEIVED  
09 APR -9 PM 2:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

H09000084580 3

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

**FILED****2009 APR -9 AM 8:42****SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**Lucas Charters, LLC(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(EFFECTIVE 2/13/08)

The Articles of Organization for this Limited Liability Company were filed on 02/14/2008 and assignedFlorida document number L08000016267.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**Lucas Ventures, LLC

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

Enter new principal offices address, if applicable:

N/A(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A(Mailing address MAY BE A POST OFFICE BOX)**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:N/ANew Registered Office Address:N/A(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 608, 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)

H09000084580 3

H09000084580 3

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
	N/A		<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

N/A

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated April 9, 2009

*Rickey P. Lucas*

Signature of a member or authorized representative of a member

Rickey P. Lucas, Member

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

H09000084580 3

2009 APR -9 AM 8:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED