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2013 JUL 30 AN II: 17 3 CRETARY OF STATE TAL WARASSEE FLORIDA

(JUL 31 2013 D. BRUCE

COVER LETTER

TO: Registration S Division of Co					
SUBJECT:	Lucky Ve	entures, LLC			
SOBJECT.	Name of Limi	ted Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	L	yle Cummings			
		Name of Person			
	Luck	y Ventures, LLC			
		Firm/Company			
	1928 N	. Goldenrod Road			
		Address			
	Orla	ndo, FL 32807			
		City/State and Zip Code			
		y@hotspray.com		Es S	
	E-mail address; (I	to be used for future annual report notificati	on)		ST DEFTE
For further information	concerning this matter, please c	all:		開始に	EFFERMAN
Amy C	Cummings	407 414-9242	((((30 SSFF	(30) to 10
Name of Enclosed is a check for the Enclosed is a check fo	of Person	Area Code & Daytime Te	lephone Number	AMIII: 17	a Ta
	-	Flore on Pill B. A	F3440 00 F333		
■ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Filing Certificate Certified Certifie	of Status &	osed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lucky Ventures, L	
(Name of the Limited Liability Company as it no (A Florida Limited Liability C	ow appears on our records.) ompany)
The Articles of Organization for this Limited Liability Company were file	ed on April 29, 2009 and assigned
Florida document numberL09000041541	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability com	pany here:
The new name must be distinguishable and end with the words "Limited Liabil "L.L.C."	ity Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	ATE SUL 30
Enter new mailing address, if applicable:	Mor = M
(Mailing address MAY BE A POST OFFICE BOX)	RATION
B. If amending the registered agent and/or registered office add registered agent and/or the new registered office address here:	ress on our records, <u>enter the name of the nev</u>
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 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

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 = Ma	anaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Add
			[]
			Remove
			_
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			Remove
			-
			Add •
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			Remove
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			Add
			Remove

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.) ould like-to change the official title for myself, Lyle Cummings, from "Pres." to "MGR". Thank you! Please contact me if any questions.
 exd	July 19th / 2013
	Signature of a member or authorized representative of a member Lyle Cummings
	Typed or printed name of signee Page 3 of 3 Filing Fee: \$25.00

2019 JUL 30 AMII: I.