

LI0000107745

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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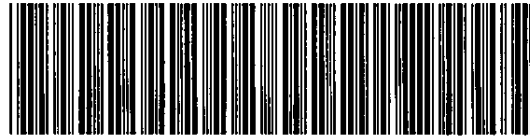
(Business Entity Name)

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TALLAHASSEE, FLORIDA

Cover Letter

Date:

09/30/2014

Subject:

Amendment of articles of organization for "Lumacla I, LLC"

From:

Gabriel Gonzalez

Contact Info:

(786) 512-7239

admin@JAGpropertiesFL.com

Return Address:

10360 SW 186th Street, #970250

Miami, Florida 33197

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **LUMACLA I, LLC**

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GABRIEL GONZALEZ

Name of Person

JAG PROPERTIES OF FLORIDA, LLC

Firm/Company

10360 SW 186 ST, #970250

Address

MIAMI, FLORIDA, 33197

City/State and Zip Code

ADMIN@JAGPROPERTIESFL.COM

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

For further information concerning this matter, please call:

GABRIEL GONZALEZ

Name of Person

at **(786) 512-7239**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

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**

LUMACLA I, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/05/2010 and assigned
Florida document number L10000103745.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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:

(Principal office address MUST BE A STREET ADDRESS)

10360 SW 186TH STREET

SUITE #970250

MIAMI, FLORIDA 33197

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

10360 SW 186TH STREET

SUITE #970250

MIAMI, FLORIDA 33197

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:

JAG PROPERTIES OF FLORIDA, LLC

New Registered Office Address:

10360 SW 186TH STREET, SUITE #970250

Enter Florida street address

MIAMI

City

, Florida 33197

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.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JUAN ARANGUIZ	90 SW 3RD AVE	<input type="checkbox"/> Add
		SUITE #1904	<input checked="" type="checkbox"/> Remove
		MIAMI, FLORIDA 33130	
MGR	GABRIEL GONZALEZ	10360 SW 186TH ST	<input checked="" type="checkbox"/> Add
		SUITE #970250	<input type="checkbox"/> Remove
		MIAMI, FLORIDA 33197	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

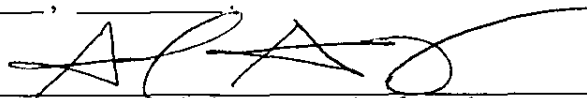
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TALLAHASSEE, FLORIDA

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

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated _____,



Signature of a member or authorized representative of a member

Gabriel Gonzalez

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA