## LII 000062974

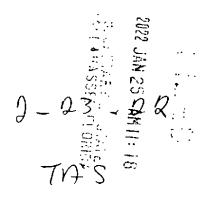
(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
NCIA		
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Office Use Only



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## **COVER LETTER**

	egistration Se vision of Cor				
SUBJECT	Luminary L	eaders Academy, LLC	•		•
SUBJECT	·	Name of Limi	ted Liability Company		
The enclose	ed Articles of	Amendment and fee(s) are sub	nitted for filing.		
Please retur	rn all correspo	endence concerning this matter	to the following:		
		Youdeline A. Deravines			
			Name of Person	· ·	
		Luminary Leaders Academ	у		
			Firm/Company		
		4300 N. University Dr. Sui	te F-100		
			Address		<del></del>
		Sunrisc, FL 33351			
		<del></del>	City/State and Zip Code	<del></del>	
		info@theiconicventures.com			-
		·	to be used for future annual	report notifical	non)
For further	information o	concerning this matter, please ca	all:		
Youdeline Deravines		954 618 at ( )	8-3268		
Name of Person		Area Code	Daytime Te	elephone Number	
Enclosed is	s a check for t	he following amount:			
■ \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee of Certified Copy (additional copy is end		□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
_	lailing Addres		Street A		
Registration Section Division of Corporations		Registration Section Division of Corporations			
	O. Box 632			ntre of Tall	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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## 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.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Youdcline A. Deravins	4300 N. University Dr., Suite F-100	□Add
		Sunrise, FL 33351	□Remove
			= Change
<del></del>			☐Add ☐Remove
			□ Remove
			्रिक्तिAdd इंग्रिक्ति
			Remove
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				55	<u> </u>
	· · ·		· <del></del>		
ective date, if other than tl	he date of filing: nust be specific and cannot be j		/4:	D	

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated

January 14

Signature of a member or authorized representative of a member

Youdcline A. Deravines

Typed or printed name of signee