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M. Outrean AUG 1 3 2012

*TO: Registration S Division of Co					
SUBJECT:	LUCENT	HOLDINGS LLC			
	Name of Limi	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			
		Kevin Meadows			
		Name of Person			
	Lucent Holdings LLC				
		Firm/Company			
	10	176 Hart Branch Circle	,		
	Address				
		Orlando, FL 32832			
	City/State and Zip Code				
	kevin@golucent.com E-mail address: (to be used for future annual report notification)				
For further information	E-mail address: (concerning this matter, please o	-	t notification)		
	, p				
Kevin Meadows		at (407)	257.9520		
Name (of Person	Area Code & 1.	Paytime Telephone Number		
Enclosed is a check for t	the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is end	\$60.00 Filing Fee, Certificate of Status & Closed) 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

FILED 12 AUG 10 AM 9: 112

	Lucent Holdings LLC	SE TAI	LAHASSEE, FLORIDA
(Name of the Limited	I Liability Company as it now appear A Florida Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited L Florida document numberL1100007	· · · · ——	7-29-2011	and assigned
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name of	f the limited liability company her	<u>2</u> :	
The new name must be distinguishable and end wi "L.L.C."	th the words "Limited Liability Compa	ny," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applie	cable:		
(Principal office address MUST BE A STREE	ET ADDRESS)		<u> </u>
·			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		
		<u> </u>	
B. If amending the registered agent and/ registered agent and/or the new registered o		ur records, <u>enter</u>	the name of the new
Name of New Registered Agent:	Steve F. Baker ESQ		
New Registered Office Address:	800 1st Street South		· · · · · · · · · · · · · · · · · · ·
	Ent	Enter Florida street address	
	Winter Haven	, Florida	33880
	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 thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Behistered Agent

Page 1 of 2

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

MGR = Manager MGRM = Managing Member Title <u>Name</u> **Address Type of Action** MGR Aaron Brunelle 10176 Hart Branch Circle ☐ Add Orlando Fl 32832 ✓ Remove Theresa Meadows MGR 10176 Hart Branch Circle **✓** Add Orlando, FL 32832 Remove Add 🗌 ☐ Remove Remove \square Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) a member or authorized representative of a member **Kevin Meadows** Typed or printed name of signee

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Filing Fee: \$25.00