## L11000132825

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100299531471

05/22/17--01009--003 \*\*25.00



ECRETARY OF STARE

RECEIVED

MAY 23 2017 Y SULKER

**CAPITAL CONNECTION, INC.**417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

	•			
LUCY IN THE SKY	LLC			
	<u></u>			
	W			
				Art of Inc. File
				LTD Partnership File
		Î		Foreign Corp. File
				L.C. File
				Fictitious Name File
				Trade/Service Mark
				Merger File
				Art. of Amend. File
				RA Resignation
				Dissolution / Withdrawal
		1	<del></del>	Annual Report / Reinstatement
			<del></del>	Cert. Copy
				Photo Copy
				Certificate of Good Standing
				Certificate of Status
		ļ		Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
Signature	<del></del>			Fictitious Owner Search
_				Vehicle Search
				Driving Record
Requested by: SETH	05/22		<del></del>	UCC 1 or 3 File
Name	Date	Time	<del></del>	UCC 11 Search
		- 3		UCC 11 Retrieval
Walk-In 174 Ponder's Printing + Thomissville, GA 8/00	Will Pick Up			Courier

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LUCY IN THE SKY LLC		
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our record Liability Company)	<u>[8.</u> )
The Articles of Organization for this Limited Liability Company Florida document number L11000132825	and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	and assigned or the abbreviation "L.L.C."
The new name must be distinguishable and contain the words "Limited Liabi	lity 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)		- 194 - 194
		en 5
Enter new mailing address, if applicable:		22 22
(Mailing address MAY BE A POST OFFICE BOX)		mo ee in
(Maning Basics MAT BEAT OUT OF THE BOX)	<del></del>	
		221
B. If amending the registered agent and/or registered o	ffice address on our record	s, enter the name of the new
registered agent and/or the new registered office address her		
Name of New Registered Agent:		77.404.6
New Registered Office Address:		
	Enter Florida street addres	OS .
		orida
	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 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 Changing Registered Agent, Signature of New Registered Agent

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>	Address	Type of Action
AMBR	JAIME ZARUSKI	17611 SW 48 STREET	Add
		Southwest Ranches, FL 33331	Remove
			☐ Change
MBR	FABIAN ZARUSKI	17611 SW 48 STREET	B Add
		Southwest Ranches, FL 33331	
			Change
MBR	JANINE ZARUSKI	17611 SW 48 STREET	
		Southwest Ranches, FL 33331	□ Remove
			Comage
MGRM	JAIME ZARUSKI	17611 SW 48 STREET	
		Southwest Ranches, FL 33331	- Removed
			De hange
MGRM	FABIAN ZARUSKI	17611 SW 48 STREET	Add
		Southwest Ranches, FL 33331	■ Remove
			Change
MGRM	JANINE ZARUSKI	17611 SW 48 STREET	
		Southwest Ranches, FL 33331	■ Remove
			☐ Change

<del> </del>											
					<del></del>					<del></del>	
,										<del></del>	
							<del></del>				
					· · · · · · · · · · · · · · · · · · ·						
									اجوز		
			<u> </u>	<u>.</u>		<u>-</u>			**************************************	4	
<del></del>									スペ <u></u> ママ	•	j
*					<del></del>				SS TO	_22	
<del>,</del>	<del></del>				<del></del>				70	_ <b>&amp;</b>	
									5	**	í
,								,	5	<b>-</b>	
<del></del>				-	•						
			,						,		
<del></del>					**		*****				
E. Effective da	e, if other than	the date of	filing: _				(o	ptional)			
Note: If the o	late inserted in th	is block does	not meet	the applica	able statuto	ing or more ory filing re	than 90 days a equirements,	this date v	vill not be	listed	as i
document's e	Mective date on the	ie Departmer	nt of State	s records.							
f the record s	pecifies a dela	yed effect	ive date	, but∘no	t an effe	ctive tim	e, at 12:0	1 a.m. o	n the e	arlier	of:
(b) The 90th	day after the	record'is f	îled.								
Dated MAY	18		20	017							
	:		,		— ·						
	$\wedge$	suus 7	and!								

Page 3 of 3

Filing Fee: \$25.00