L11000144243

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COVER LETTER

TO:

	ion Section of Corporations			
Lumii eun werr	nary Auto Group LLC			
SUBJECT:		imited Liability Company		
The unidered Artic	las of Amandmant and foods are r	ubmitted for filing		
r rease return an ex-	Truspy, natified containing this mile	or to the tone tone		
	Kenan Alex Lewin			
		Name of Person		
	Luminary Auto Group L	Auto Group LLC Name of Limited Liability Company Amendment and feets) are submitted for filing, ondence concerning this matter to the following: Kenan Alex Lewin		
	7408 East Colonial Driv	e		
Address				
	Orlando Fl 32807			
	•	City/State and Zip Code		
	-		· · · · · · · · · · · · · · · · · · ·	
		•	fication)	
For further informa	tion concerning this matter, please	call:		
Kenan Alex Lewin		at ()		
N	ame of Person	Area Code Daytim	e Telephone Number	
Enclosed is a check	for the following amount:			
■ \$25.00 Filing F		Certified Copy	Certificate of Status & Certified Copy	
Mailing A			ction	
	of Corporations	-	-	
P.O. Box				
Tallahas:	see, FL 32314	2415 N. Monro	e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Luminary Auto Group LLC			
(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now <u>appears on our records.)</u> d Liability Company)		
The Articles of Organization for this Limited Liability Companies Florida document number [111000144243].	ny were filed on 12/27/2011	and assign	ied
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "LLC" or the abbr	reviation "L.L.C	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name	of the new re	egistere
Name of New Registered Agent:			
New Registered Office Address:		20	
	Enter Florida street address	<u></u>	
	Florida	Zip Code;	
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>	: P	
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	te performance of my duties, and I am fa s provided for in Chapter 605, F.S. Or, if	re to comply miliar with a t this docume	and

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

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Kevonn J Dacres	13330 Kitty Fork Road	
		Orlando Fl 32828	≣Remove
			□Change
			□Add
			□Remove
			☐Change
			□Add
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li'an effe <u>Note:</u>	ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
e 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 ed.
Dated _	<u>60008ER 26 . 2021</u>