11200027430

(Re	questor's Name)		
(Ad	dress)		
(Ad	dress)		
(Cit	y/State/Zip/Phon	e #)	
PICK-UP	MAIT	MAIL	
(Bu	siness Entity Nar	me)	
(Document Number)			
Certified Copies	Certificates	s of Status	
Special Instructions to Filing Officer:			
		:	
		;	

Office Use Only



600259532376

05/01/14--01012--023 **25.00

14 MAY -1 AM IO: 07

MAY - 7 2014

T. BROWN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LUMONI MADISON 1404, LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

	MONICA SO	CAS	
		Name of Person	
	LUMONI Ind	;	
		Firm/Company	
	470 Alexand	lra Circle	
		Address	
	Weston, FI	33326	
		City/State and Zip Code	
	msocas@lumoni.i	net	
	E-mail address: (to be used for future annual report noti	fication)
For further information	concerning this matter, please c	all:	
		at ()	
Name	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Fiting 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

GANIZATION Sit now appears on our records.)

LUMONI MADISON 1404, 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 Liab	ility Company were filed on Feb 27, 2012	and assigned
Florida document number L12000027430		
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of the	ne limited liability company here:	
LUMONI GULF STREAM 25, LLC		
The new name must be distinguishable and end with the wo	rds "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	DX)	
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	
	registered office address on our records, enter	r the name of the ney
registered agent and/or the new registered offic	<u>e address here</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	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 the Managers or Authorized Member on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Authorized Member being added or removed from our records:</u>

MGR = Manager

AMBR = Authorized Member <u>Title</u> <u>Name</u> **Address Type of Action** _□ Add _____ Remove ☐ Remove _____ Remove _____ □ Add ☐ Remove ☐ Remove D ∧dd ☐ Remove

If amending any other information, enter change(s) here: (Attach add	ditional sheets, if necessary.)
<u> </u>	
	· · · · · · · · · · · · · · · · · · ·
	· · · · · · · · · · · · · · · · · · ·
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 can the date this document is filed by the Florida Department of State)	not be more than 90 days after
Dated April 29 2014	
Unical Aparis.	
Signature of a ynember or authorized representa	ntive of a member
Monica ['] Socas	
Timed or printed name of signs	

Page 3 of 3

Filing Fee: \$25.00