# 12000/45082

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#### **COVER LETTER**

TO:, Registration Section
Division of Corporations

SURJECT: Bushido Warrior, LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

## Michael Lustigman

Name of Person

The L4 Group, Inc.

Firm/Company

4027 194th Trail

Address

Sunny Isles, FL 33160

City/State and Zip Code

Lusti23@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Lustigman

Name of Person

<sub>4</sub>,305,299-0903

Area Code & Daytime 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 Filing 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

Bushido Warrior, LLC				
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records iability Company)	.)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L12000145082</u> .	were filed on 11/16/12	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
Lumark Investments, LLC				
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Company," the designati	on "LLC" or the abbreviation		
Enter new principal offices address, if applicable:	4027 194th Trail			
(Principal office address MUST BE A STREET ADDRESS)	Sunny Isles, FL 33160			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		ZOIBFEB IS A III		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ter the name of the nev		
Name of New Registered Agent:	·			
New Registered Office Address:	Enter Florida street address			
	, Florid			
	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, I hereby confirm that the limited liability company has been notified in writing of this change.

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 **Type of Action Title** <u>Name</u> **Address** 1584 Presidential Way 🗸 Add Prism Holdings, LLC MGRM Miami, FL 33179 4027 194T" TRAIL THE LY GROUP, INC SUNNY ISLES, FL 33160 SPRM PROPERTIES, LLLP 4027 194TH TRAIL SUNNY ISLES, FL 33160 Reffiove Remove Remove

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Filing Fee: \$25.00

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