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T. Burch OCT 4 2013

## **COVER LETTER**

TO: Registration Section
Division of Corporations

I LICAS

## LUCAS ST INVESTMENTS, 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:

David C. Tassell, Esquire

Name of Person

JOSEPH C. KEMPE, P.A.

Firm/Company

941 North Highway A1A

Address

Jupiter, FL 33477

City/State and Zip Code

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

For further information concerning this matter, please call:

David C. Tassell, Esquire

561 747-7300

Name of Person

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

Lucas St Investments, LLC		
( <u>Name of the Limited I</u> (A	iability Company as it now appears on our record florida Limited Liability Company)	<u>s.</u> )
The Articles of Organization for this Limited Lia		and assigned
	ionity Company were med on	and assigned
Florida document number L13000100582		
This amendment is submitted to amend the follo	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
	the words "Limited Liability Company," the designat	tion "LLC" or the abbreviation
"L.L.C."		<u> </u>
Enter new principal offices address, if applica	ble:	ALE BO
(Principal office address MUST BE A STREET	ADDRESS)	<u> </u>
		<b> </b>
	<del>-                                    </del>	D ME S
Futor and and if and include		AN II: 5
Enter new mailing address, if applicable:	<del></del>	<del>2</del> <del>2</del> <del>3</del>
(Mailing address MAY BE A POST OFFICE E	<u> </u>	
	<u> </u>	
B. If amending the registered agent and/o registered agent and/or the new registered off	r registered office address on our records, <u>e</u> <u>ice address here</u> :	nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	et address
	Flori	da
	City	Zin 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 Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGRM	Lawrence Raskin	17660 Rocky Pines Rd.	Add
		Jupiter, FL 33478	Remove
,			
			Add
		<del></del>	Remove
			13 C
			製画皿
			3 MIII: 51
			Remove
		<u>-</u>	— _
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	·····		Add
			Remove

D. I	f amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	1
Date	September 26 2013
	Signature of a member or authorized representative of a member
	Jason Martinez, Managing Member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE