LI400003267

| (Re | equestor's Name) | |
|-------------------------|-------------------|--------------|
| (Ad | ldress) | |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phor | ne #) |
| PICK-UP | WAIT | MAIL |
| (Bu | siness Entity Na | me) |
| (Do | ocument Number |) |
| Certified Copies | _ Certificate | es of Status |
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COVER LETTER

| | gistration Section vision of Corporations | |
|-------------|--|------------------|
| SUBJECT | Lumo Designs, LLC | |
| SUBJECT | Name of Limited Liability Company | |
| The enclos | d Articles of Amendment and fee(s) are submitted for filing. | |
| Please retu | n all correspondence concerning this matter to the following: | |
| | Maria Luisa Molina | |
| | - | |
| | | |
| | - | |
| | | |
| | - | |
| | Miami, FL 33176 | |
| | City/State and Zip Code | |
| | luisa@lumodesigns.com | |
| | E-mail address: (to be used for future annual report notification) | 2014 DEC |
| For further | nformation concerning this matter, please call: | - 1888 19 |
| Luisa M | olina 305 496.0113 | |
| | Name of Person Area Code Daytime Telephone Number | THIS THE |
| Enclosed i | a check for the following amount: | • |
| \$25.00 | Certificate of Status Certified Copy Certificate (additional copy is enclosed) | ate of Status & |

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

| Lumo Designs, LLC | | | | |
|--|---|---|-----------------------|----------------------|
| (Name of the Lim | ited Liability Con (A Florida Limite | npany as it now appears on our records.) ed Liability Company) | - | |
| The Articles of Organization for this Limited I Florida document number L14000003267 | Liability Compa | ny were filed on <u>1/01/2014</u> | and assign | ed |
| This amendment is submitted to amend the fol | lowing: | | | |
| A. If amending name, enter the new name | of the limited li | ability company here: | | |
| Lumo Designs and Productions, LLC | | | | |
| The new name must be distinguishable and end with th | e words "Limited L | iability Company," the designation "LLC" or the | ne abbreviation "L.L. | C." |
| Enter new principal offices address, if applicable: | | N/A | | |
| (Principal office address MUST BE A STRE | <u>ET ADDRESS)</u> | | | <u></u> |
| | | | | |
| Enter new mailing address, if applicable: | | N/A | | - |
| (Mailing address MAY BE A POST OFFICE | E BOX) | | | |
| B. If amending the registered agent and | | | er the name of | the mew |
| registered agent and/or the new registered | office address b | <u>iere</u> : | | gravani ¹ |
| Name of New Registered Agent: | N/A | | 9 PM | |
| New Registered Office Address: | N/A | | <u> </u> | |
| | | Enter Florida street address | | |
| | | , Florida | 7: 0 1 | |
| | | 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, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member Type of Action Title Title <u>Name</u> **Address** N/A N/A □ Add ☐ Remove _□ Add □ Remove _D Add □ Remove □ Add

☐ Remove

| | | *************************************** |
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| | | |
| | s m. N/A | |
| | of filing: | (optional) |
| ctive date, if other than the date ffective date must be specific, cannot be pate this document is filed by the Florida I | of filling: | |
| ffective date must be specific, cannot be pate this document is filed by the Florida I December 17th | prior to date of receipt or filed date and Department of State) | |
| ffective date must be specific, cannot be j | of filling: | |
| ffective date must be specific, cannot be pate this document is filed by the Florida I December 17th | prior to date of receipt or filed date and Department of State) | |

Page 3 of 3

Filing Fee: \$25.00

