

Division of Corporations

<https://efile.sunbiz.org/scripts/efilcovr.exe>

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000019131 3)))



H150000191313ABCV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : ROGERS, TOWERS, BAILEY, ET AL
Account Number : 076666002273
Phone : (904) 398-3911
Fax Number : (904) 396-0663

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED

15 JAN 23 AM 10:00

DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

THE LUKENS GROUP LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$30.00

FILED
15 JAN 23 PM 12:54
SECRETARY OF STATE
TALLAHASSEE FLORIDA

JAN 24 2015

15000019131

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Lukens Group 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:

J. Clay Meux, Jr.

Name of Person

Rogers Towers

Firm/Company

1301 Riverplace Blvd. Suite 1500

Address

Jacksonville, Fl. 32207

City/State and Zip Code

cmeux@rtlaw.com

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

For further information concerning this matter, please call:

David H. Peek

at (904) 219-4544

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

15000019131

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

15000019131

The Lukens Group 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 Liability Company were filed on November 12, 2014 and assigned
Florida document number L14000175913.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

10 SE Central Parkway

Suite 400

Stuart, Fl. 34994

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

10 SE Central Parkway

Suite 400

Stuart, Fl. 34994

B. If amending the registered agent and/or registered office address on our records, enter the name of the new
registered agent and/or the new registered office address here:

Name of New Registered Agent:

J. Clay Meux, Jr.

New Registered Office Address:

1301 Riverplace Blvd. Suite 1500

Enter Florida street address

Jacksonville

, Florida 32207

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.

(Signature)
If Changing Registered Agent, Signature of New Registered Agent

15000019131

If amending the Managers or Authorized Member on our records, ¹⁵⁰⁰⁰⁰¹⁹¹³¹enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>D</u>	<u>Kathleen J. Kelly</u>	<u>4850 SE Devenwood Way</u>	<input type="checkbox"/> Add
		<u>Stuart, Fl. 34996</u>	<input checked="" type="checkbox"/> Remove
		<u> </u>	
<u>AMBR</u>	<u>John T. Mattels</u>	<u>3864 NW 4th Ave</u>	<input checked="" type="checkbox"/> Add
		<u>Boca Raton, Fl. 33432</u>	<input type="checkbox"/> Remove
		<u> </u>	
		<u> </u>	<input type="checkbox"/> Add
		<u> </u>	<input type="checkbox"/> Remove
		<u> </u>	<input type="checkbox"/> Add
		<u> </u>	<input type="checkbox"/> Remove
		<u> </u>	<input type="checkbox"/> Add
		<u> </u>	<input type="checkbox"/> Remove
		<u> </u>	
		<u> </u>	<input type="checkbox"/> Add
		<u> </u>	<input type="checkbox"/> Remove
		<u> </u>	


15 JAN 23 PM 12:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)* 15000019131

K. 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 cannot be more than 90 days after
the date this document is filed by the Florida Department of State)

Dated January 22, 2015



Signature of a member or authorized representative of a member
J. Clay Meux, Jr.

Typed or printed name of signer

Page 3 of 3
Filing Fee: \$25.00

FILED
15 JAN 23 PM 12:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA