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## **COVER LETTER**

TO: Registration So Division of Cor					
LUMITEA	LLC				
SUBJECT:	Name of Lim	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	LEVY, NETANEL				
		Name of Person		-	
	LUMITEA LLC				
		Firm/Company		•	
	18851 NE 29 AVENUE, S	TE 1000		<b>س</b> ے ہے ابت	
		Address		- 海台 <b>6</b>	
	AVENTURA, FL 33180			在五	三
	NETANELLEVY78@GM	City/State and Zip Code ATL.COM		-6 PI	
	E-mail address: (	to be used for future annual report notif	ication)	SS W	
For further information of	concerning this matter, please c	all:		PN 3: 02 EFSTATE EFFLORIDA	
NETANEL LEVY		786 2666630		•	
Name o	f Person		Telephone Number	<u> </u>	
Enclosed is a check for t	he following amount:				
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status &	
MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:		

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LUMITEA LLC		
( <u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our rec nited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Com- Florida document number	pany were filed on	and assigned
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 contain the words "Limited	Liability Company," the designation "I	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	<u>S)</u>	
		SS <b>56</b>
Enter new mailing address, if applicable:		25.
Mailing address MAY BE A POST OFFICE BOX)		A O N
-		国 图 图
	111111111111111111111111111111111111111	937 W
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		ords, enter the name of the i
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ado	dress
		Florida
V	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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	EISENBERG, ALON	18851 NE 29 AVENUE, STE 1000	
		AVENTURA, FL 33180	■ Remove
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ctive date, if other than the deflective date is listed, the date must be: If the date inserted in this blocument's effective date on the Dep	k does not meet the appli	cable statutory fili	ng requirements, thi	s date will not be listed
record specifies a delayed ene 90th day after the recor		ot an effective	time, at 12:01 a	a.m. on the earlier
December 29th	, 2015	—·		
	_			
	ignature of a member or aut			

Page 3 of 3

Filing Fee: \$25.00