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| (Re | equestor's Name) | |
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| (Ac | ldress) | |
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| (Cit | ty/State/Zip/Phone | <i>⇒</i> #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bı | ısiness Entity Nan | ne) |
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COVER LETTER

| TO: R | egistration Sectivision of Cor | ction porations | | | | |
|-------------|--------------------------------|--|---|-----------------|-----------------|---|
| CHDIECT | | DINGS 2, LLC | | | | |
| SUBJECT | | Name of Limi | ited Liability Company | | | |
| The enclos | sed Articles of | Amendment and fee(s) are sub- | mitted for filing. | | | |
| Please retu | irn all correspo | ndence concerning this matter | to the following: | | | |
| | | Timothy J. Conner, Esq. | | | | |
| | | | Name of Person | | - | |
| | | Conner Bosch Law, P.A. | | | | |
| • | | | Firm/Company | | _ | |
| | | 4488 N. Oceanshore Blvd. | | | | |
| | | | Address | | - | |
| | | Palm Coast, FL 32137 | | į | 2016 | |
| | | | City/State and Zip Code | | FEB | - |
| | | tjconner@cblpa.com | to be used for future annual report notifi | cation) | 52年 — | - |
| For further | r information co | oncerning this matter, please ca | · | carenty | O A | |
| Timothy J | l. Conner | | 386 445-9322 at () | | | 7 |
| | Name of | f Person | Area Code Daytime | Telephone Numbe | | |
| Enclosed i | s a check for th | e following amount: | | | | |
| \$25.00 |) Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certified | 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

| LUCI HOLDINGS 2, LLC | | |
|--|--|------------------------------|
| (<u>Name of the Limited Liability C</u> (A Florida Lin | ompany as it now appears on our records. nited Liability Company) | |
| The Articles of Organization for this Limited Liability Com Florida document number L15000171208 | pany were filed on October 5, 2015 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited | l liability company here: | |
| Lucireis Realty, LLC | | |
| The new name must be distinguishable and contain 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 ADDRES | <u> </u> | Apr. 23 |
| | | AP A 11 |
| | | 7.5.2. — T |
| Enter new mailing address, if applicable: | | m ° |
| (Mailing address MAY BE A POST OFFICE BOX) | | 70 |
| muning dadress mai BE a 1031 Of 17CE BOA | | 元 |
| | | Jan W |
| B. If amending the registered agent and/or register registered agent and/or the new registered office addres | | enter the name of the |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | , Flo | rida |
| | 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>Name</u> <u>Address</u> Type of Action **Title** _□ Add ☐ Remove _□ Change □ Add _□ Remove ☐ Change ☐ Remove Change ڢ —□ Change _□ Add _□ Remove _□ Change _ Add ☐ Remove ☐ Change

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| fective date, if other than the date of filing: | _ | | . (optional | 1) | |
| n effective date is listed, the date must be specific and cannot tee: If the date inserted in this block does not meet the cument's effective date on the Department of State's r | applicable statutor | ng or more than 90 ry filing requirem | days after filin ents, this dat | g.) Pursu e will no | ant to 605.03 ot be listed |
| record specifies a delayed effective date, b | out not an effec | tive time, at | 12:01 a.m | . on th | e earlier |
| The 90th day after the record is filed. | | | | | |
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Page 3 of 3

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