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**TO: Registration Section
Division of Corporations**

SUBJECT: LUCIA CAPITAL, 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:

GINA LUCIA

Name of Person

LUCIA CAPITAL LLC

Firm/Company

1363 28TH AVE N

Address

NAPLES, FL 34103

City/State and Zip Code

GINAUOFM@GMAIL.COM

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

For further information concerning this matter, please call:

GINA LUCIA

239 357-2756
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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**

LUCIA CAPITAL 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 APRIL 6, 2016 and assigned
Florida document number L16000081739.

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 "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

1363 28TH AVE N

(Principal office address MUST BE A STREET ADDRESS)

NAPLES, FL 34103

Enter new mailing address, if applicable:

1363 28TH AVE N

(Mailing address MAY BE A POST OFFICE BOX)

NAPLES FL 34103

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:

SOPHIA SCHUCH

New Registered Office Address:

1363 28TH AVE N

Enter Florida street address

NAPLES

City

Florida 34103

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>	<u>Type of Action</u>
MGR	JAMES MCDONNELL	1363 28TH AVE	<input type="checkbox"/> Add
		NAPLES FL 34103	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AGENT	JAMES MCDONNELL	1363 28TH	<input type="checkbox"/> Add
		NAPLES, FL 34103	<input checked="" type="checkbox"/> Remove
		1303 28 th Ave N	<input type="checkbox"/> Change
Agent	Sophia Schur	NAPLES, FL 34103	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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PM 4:46
FBI - MIAMI

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

SEP 12 PM 12:4

16 SEP 12 PM 12:46

E. Effective date, if other than the date of filing: 9/9/16 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 9/9/ 2016

_____, 2016
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

GINA LUCIA

Typed or printed name of signee