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TALLAHASSEE, FLORIDA

JUN 15 2015  
J. BRUCE

# THE SHERMAN LAW GROUP, LLC

Mitchell A. Sherman, Esq.

Ansca Office Plaza  
7593 Boynton Beach Blvd., Suite 220  
Boynton Beach, Florida 33437  
**Telephone: (866) 738-1202**  
**Fax: (800) 641-2945**  
Email: [mas@mshermanesq.com](mailto:mas@mshermanesq.com)

July 13, 2016

Via: FedEx

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

Re: Luma Communities, LLC  
Articles of Amendment

Dear Ladies/Gentlemen:

Enclosed please find the following:

1. Our trust account check no. 16040 in the amount of \$25.00 for the filing fee.
2. Original signed Articles of Amendment to Articles of Organization of Luma Communities, LLC

Please return all correspondence concerning this matter to the above address.  
Should you have any questions, please do not hesitate to contact our office.

Very truly yours,

The Sherman Law Group, L.L.C.

*Mitchell A. Sherman, Esq.*

Mitchell A. Sherman, Esq.

MAS/am

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** LUMA COMMUNITIES, 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:

Mitchell A. Sherman, Esq.

Name of Person

Sherman Law Group, LLC

Firm/Company

7593 Boynton Beach Blvd., Suite 220

Address

Boynton Beach, Fl. 33437

City/State and Zip Code

mas@mshermannesq.com

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

For further information concerning this matter, please call:

Mitchell A. Sherman

561 738-1202  
at ( )

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Luma Communities, 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 May 2, 2016 and assigned  
Florida document number L16000083621.

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: \_\_\_\_\_

(Principal office address MUST BE A STREET ADDRESS) \_\_\_\_\_

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address MAY BE A POST OFFICE BOX) \_\_\_\_\_

**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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

Enter Florida street address

\_\_\_\_\_, Florida \_\_\_\_\_  
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>	<u>Type of Action</u>
MGR	Charles M. Scardina, Jr.	2101 Vista Parkway,	<input type="checkbox"/> Add
		Suite 309	<input type="checkbox"/> Remove
		West Palm Beach, Fl. 33411	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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2016 JUN 14 PM 4:28  
SCHOOL AFFILIATION  
TALLAHASSEE, FLORIDA

(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.

Dated May 2, 2016

**Mitchell A. Sherman, Esq.**

Typed or printed name of signee