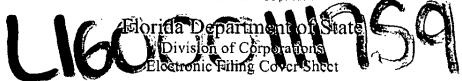
Division of Corporations



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(((H16000287313 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone

: (323)962-8600

Fax Number

: (323)962-3889

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

Email	Address:			_	

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LUMA TECHNOLOGY PARTNERS LLC

Certificate of Status	0
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## **COVER LETTER**

	istration Sectision of Corp.			
SUBJECT:	LUMA TEC	CHNOLOGY PARTNERS	LLC	
3000011		Name of Lim	ited Liability Company	
		mendment and fec(s) are sub	•	
		Cheyenne Moseley	to the total mag.	
			Name of Person	1-10-10 (4-10-10 cm-10-10-10-10-10-10-10-10-10-10-10-10-10-
		Legalzoom.com, Inc.		
	Firm Company			<del></del>
101 N. Brand Blvd., 11th Floor				
	Address			
		Glendale, CA 91203		
			City/State and Zip Code	
		joelatti@yahoo.com	to be used for future annual report notification)	
For further in	iformation coi	ncerning this matter, please ca	·	SEOF
Cheyenne i	Moseley		800 773-0888 ext. 9724	NO 2
• • • • • • • • • • • • • • • • • • •	Name of I	erson	at (	Number OF STA
Enclosed is a	check for the	following amount:		
□ \$25,00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	60.00 Filing Feet & 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

LUMA TECHNOLOGY PARTNE	ERS LLC	
(Name of the Limited	Liability Company as it now appears on our records.) Florida Limited Liability Company)	<del></del>
The Articles of Organization for this Limited Liab Florida document number <u>L16000111759</u>	ility Company were filed on 06/09/2016	and assigned
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of the	ne limited liability company here:	
-	rds "Limited Liability Company," the designation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable	le:	
(Principal office address MUST BE A STREET.	ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO)	<u>)X)</u>	
B. If amending the registered agent and/or registered agent and/or the new registered offic	registered office address on our records, enter the ce address here:	nan <b>s</b> of the new
Name of New Registered Agent:	(5)	23 <u>[</u>
New Registered Office Address:	Enter Florida street address Florida	OF STAIL
	City	ip 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 the Managers or Authorized Member on our records, enter 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>	Name	Address	Type of Action
AMBR	Joseph Carlo Lattinelli	5100 North Ocean Blvd., Apt. #517	Add
		Lauderdate by the Sea, FL 33308	<b>☑</b> Remove
AMBR	Marco Mancuso	5100 North Ocean Blvd., Apt. #517	<b>⊠</b> Add
		Lauderdale by the Sea. FL 33308	☐ Remove
-		,	
			☐ Remove
			Remove
			SECONO TALLIA
			NOV POS AM AHASSEE, F
			FLORIDA AND
	•		☐ Remove

D.	If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<b>F</b>	Effective date, if other than the date of filing:
	Dated Nov. 11th 2016
	Marko Marcuso
	Signature of a member or authorized representative of a member  Marco Mancuso
	Typed or printed name of signee

Page 3 of 3

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16 NOV 23 MIN: 19

SECRETARY OF STATE
SECRETARY OF FLORIDA