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(Business Entity Name)

(Document Number)

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BRUCE
JAN 31 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Luminis Design & Interiors

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:

Name of Person
Luminis Design & Interiors, LLC
Firm/Company
400 Leslie Drive Suite 1119
Address
Hallandale Beach, FL 33009
City/State and Zip Code
info@luminisonline.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maria Diez / Alberto Garcia

at (954) 716-5310
Area Code Daytime Telephone Number

Name of Person

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

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

Luminis Design & Interiors

(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 July 7, 2016 and assigned
Florida document number L16000130535

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:

400 Leslie Drive Suite 1119

(Principal office address MUST BE A STREET ADDRESS)

Hallandale Beach, FL 33009

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:

Maria A. Diez Castano

New Registered Office Address:

400 Leslie Drive Suite 1119

Enter Florida street address

Hallandale Beach

Florida

33009

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

MGR = Manager
AMBR = Authorized Member

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☒ Add
2010 JAN 07 4:16
☐ Remove
☐ Change
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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 January 11, 2017

Signature of a member or authorized representative of a member

Ramon A. Garcia Santiago

Typed or printed name of signer