

# L17000117663

Florida Department of State  
Division of Corporations  
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Account Name : GULATI LAW  
Account Number : I20130000014  
Phone : (407)900-5054  
Fax Number : (407)517-4931

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LUCA FLORIDA INVESTMENTS, LLC

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TALLAHASSEE, FLORIDA

AUG 04 2017  
J. HARRIS

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LUCA FLORIDA INVESTMENTS, 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:

Sarah Gulati, Esq.

Name of Person

Gulati Law, P.L.

Firm/Company

479 Montgomery Place

Address

Altamonte Springs, Florida 32714

FL

City/State and Zip Code

Office@GulatiLaw.com

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

For further information concerning this matter, please call:

Sarah Gulati, Esq.

407

900-5054

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

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(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**

**LUCA FLORIDA INVESTMENTS, 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 05/30/2017 and assigned Florida document number L17000117663

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 "LLC."

Enter new principal offices address, if applicable:

**(Principal office address MUST BE A STREET ADDRESS)**

403 Fox Valley Drive  
Longwood, Florida 32779

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

403 Fox Valley Drive  
Longwood, Florida 32779

**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:**

<b><u>Name of New Registered Agent:</u></b>	Subhash Puri		
<b><u>New Registered Office Address:</u></b>	403 Fox Valley Drive		
	<i>Enter Florida street address</i>		
	Longwood	FL	32779
	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.*

*S. Puri*

**If Changing Registered Agent, Signature of New Registered Agent**

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CLERK OF COURT  
JUDICIAL CIRCUIT IN AND FOR  
THE COUNTY OF SEMINOLE  
FLORIDA

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

Title	Name	Address	Type of Action
MGR	SUBHASH PURI	479 Montgomery Place	<input type="checkbox"/> Add
		Altamonte Springs, FL 32714	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	TRIPTA PURI	479 Montgomery Place	<input type="checkbox"/> Add
		Altamonte Springs, FL 32714	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SUBHASH PURI	403 Fox Valley Drive	<input checked="" type="checkbox"/> Add
		Longwood, FL 32779	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	TRIPTA PURI	403 Fox Valley Drive	<input checked="" type="checkbox"/> Add
		Longwood, FL 32779	<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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 SUBHASH PURI  
 TRIPTA PURI  
 ALTAMONTE SPRINGS, FL 32714  
 403 FOX VALLEY DRIVE  
 LONGWOOD, FL 32779

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

[illegible]

E. Effective date, if other than the date of filing: \_\_\_\_\_ (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 August 3

2017

S. Puri

Signature of a member or authorized representative of a member

**Subhash Peri**

Typed or printed name of signee

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