

L17000190947

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

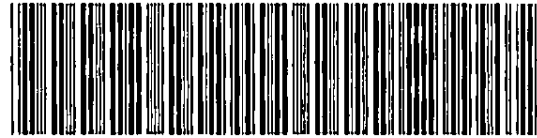
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/26/17--01010--015 **25.00

FILED
17 OCT 26 AM 11:21
CLERK OF STATE
TALLAHASSEE, FLORIDA

S. WARREN

OCT 27 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE LUMINOUS GROUP, 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:

ROBERT FARBER
Name of Person

Firm/Company

41816 Cheval BLVD
Address

LOTE, FL. 33558
City/State and Zip Code

FARBER@FARBS.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERT FARBER at (813) 949-2805
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" 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 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**

THE LUMINOUS GROUP 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 9/12/2017 and assigned
Florida document number L 17000190947.

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:

ROBERT FARBER

New Registered Office Address:

4816 CHEVAL BLVD

Enter Florida street address

LJL

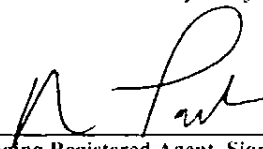
City

Florida 33558

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

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OCT 26 AM 10:21
TALLAHASSEE
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	BRADLEY FARBER	210 LAFAYETTE	<input checked="" type="checkbox"/> Add
		NEW YORK, N.Y. 10012	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ADAM FARBER	7628 N. 77 th PL.	<input checked="" type="checkbox"/> Add
		SCOTTSDALE, AZ. 85258	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	BRANDON SHAINFELD	523 N. Beverly Dr	<input checked="" type="checkbox"/> Add
		Beverly Hills CA 90210	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
OCT 26 2011
STATE OF FLORIDA
TALLAHASSEE

[illegible]

(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)

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.

R Paul
Signature of a member or authorized representative of a member

ROBERT FARBER
Typed or printed name of signee

FILED
17 OCT 26 AM 11:21
U.S. DISTRICT COURT
SOUTHERD DISTRICT
TALLAHASSEE, FLORIDA