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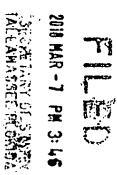
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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HAR OF ARTS

COVER LETTER

Division of Cor				
SUBJECT:	.um: NARY Def	loyment, L	.LC	
	Name of Limi	ited Liability Company		
	Amendment and fee(s) are sub-	_		
Please return all correspo	ndence concerning this matter	to the following:		
	VALERI	E Ellis LA	uino.	-
		y Deploymer Fint/Company		
	2126 BAY	ON GRANDE B	SIUD, NE	
	SAINT PL	ETERS burg, F City/State and Zip Code	L 33705	3
	JLAVI	NO Lumi Nn 2 to be used for future annual	yinst.co	<u>m.</u>
For further information c	oncerning this matter, please ca		•	
VAJERIE Name o	Ellis LAVIN.	at (<u>813</u>)	263-960 Daytime Telepho	one Number
			, ,	
Enclosed is a check for th	ne following amount:			
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enc		\$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



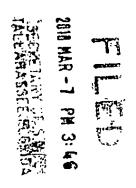
FLORIDA DEPARTMENT OF STATE Division of Corporations

February 22, 2018

VALERIE ELLIS LAVIN 2126 BAYOU GRANDE BLVD NE SAINT PETERSBURG, FL 33703

SUBJECT: LUMINARY DEPLOYMENT LLC

Ref. Number: L17000192719



We have received your document for LUMINARY DEPLOYMENT LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 118A00003758

RECEIVED MAR 0 7 2018



February 12, 2018

VALERIE ELLIS LAVIN 2126 BAYOU GRANDE BLVD NE SAINT PETERSBURG, FL 33703

SUBJECT: LUMINARY DEPLOYMENT LLC

Ref. Number: L17000192719

We have received your document for LUMINARY DEPLOYMENT LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 518A00002952

RECEIVED FEB 2 2 2018

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lum?	NARY	Deplo	YMENT	r, LLC		
(Name of the Limited						
The Articles of Organization for this Limited Liab	oility Compai 2719	ny were filed o	n <u>09/15</u>	2017	• and ass	signed
This amendment is submitted to amend the follow	zing:					
A. If amending name, enter the new name of t	<u>he limited lia</u>	bility compai	<u>1y here</u> :			
The new name must be distinguishable and contain the wor	de vil instead Lie	kilitu Cumpanu	thu durianation	'I I ("" or the al	hheuvintion "I	1 (2 "
•		omy Company,	me designation	LEC Of the at	boreviation 12	.D.C.
Enter new principal offices address, if applicat	ole:				<u> </u>	5
(Principal office address MUST BE A STREET	<u>ADDRESS)</u>				·	Sec.
					<u> </u>	7 <u> </u>
					동 강 ~	
Enter new mailing address, if applicable:			<u></u>		<u> </u>	
(Mailing address MAY BE A POST OFFICE BO	<u>0X)</u>				2 ω	g Person
				<u> </u>	53 5	!
B. If amending the registered agent and/or registered agent and/or the new registered office	•		s on our rec	ords, <u>enter</u>	the name	of the nev
registered agent and/or the new registered orna						
Name of New Registered Agent:	VA	LERIE	Ellis	LAU	iN.	
New Registered Office Address:		· · · · · · · · · · · · · · · · · · ·				
		Ente	r Florida street a	ddress		
				, Florida	<u> </u>	
		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 antending 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 Type of Action <u>Title</u> <u>Name</u> <u>Address</u> VALERIE Ellis LAVIN. 2126 BAYOU GRANDE BUP NE DAdd MGR. SAINT Peters burg, FL 33703 Remove Change Change

•		a track V
MGR.	Joshwa Block	190 45 MYVE. NE Add
		SAINT Peters bury, FL 32703 Remove
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Tective date, if other an effective date is listed, other. If the date inserts	r than the date of filin the date must be specific an ed in this block does not te on the Department of	meet the applicable st	of filing or more than 9 atutory filing require	(optional) 0 days after filing.) Pure ments, this date will	suant to 605.0207 not be listed as
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ocument's effective da e record specifies : The 90th day afte	the record is filed of the second of the sec		ls Laun	TALL CORNERS	2018 MAR - 7

Page 3 of 3

Filing Fee: \$25.00