118000024436

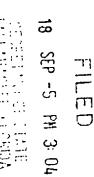
(Requestor's Name)
(Address)
,
(A.D.)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



500317843955

09/05/18--01022--019 **29.00



O STAMMONS

COVER LETTER

		SOLUTIONS LLC				
SUBJECT:	Name of Limited Liability Company					
The enclosed	d Articles of .	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
		DIEGO J ZORZI				
		LUMINICA SOLUTIONS	Name of Person			
		600 NE 36 ST #1411	Firm/Company	<u> </u>		
		MIAMI, FL 33137	Address			
		DIEGOZORZI@HOTMAII	City/State and Zip Code L.COM			
		E-mail address: ()	to be used for future annual report notif	ication)		
For further is	nformation co	oncerning this matter, please ca	all:			
DIEGO J Z			786 715-0493 at () Area Code Daytime	e Telephone Nuniber		
	Name o	f Person	Area Code Daytime	: Telephone Number		
Enclosed is	a check for th	ne following amount:				
\$25.00 F	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:

TO:

Registration Section Division of Corporations

> 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

LUMINICA SOLUTIONS LLC

(Name of the Limit	ted Liability Compan (A Florida Limited Li	y as it now appears on our ability Company)	records.)	
The Articles of Organization for this Limited L Florida document number	iability Company v	were filed on		and assigned
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name o	f the limited liabil	ity company here:		6
			-	
The new name must be distinguishable and contain the v	vords "Limited Liabilit	ty Company," the designation	"LLC" or th	cabbreviation "L.L.C."
Enter new principal offices address, if applic	cable:	600 NE 36 ST #1411, M	IAMI, FL 3	3137 6 1
(Principal office address MUST BE A STREE	ET ADDRESS)			11111 20
			_	5 9 2 9
Enter new mailing address, if applicable:		600 NE 36 ST #1411, M	IAMI, FL 3	72.
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>			
B. If amending the registered agent and registered agent and/or the new registered o	•	:	cords, <u>en</u> t	ter the name of the
Name of New Registered Agent:				
New Registered Office Address:	600 NE 36 ST #	1411		
-		Enter Florida street	address	
	MIAMI		. Florida	33137

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 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>	Type of Action
MGR	JUAN CRUZ TALIA BROWN	1441 BRICKELLAVENUE #1018, MIAMI, FL 33131	
	**************************************	#1010, WILMIN, 15.5151	Add
			■ Remove
			Change
MGR	DIEGO J ZORZI	600 NE 36 ST #1411, MIAMI, FL 33137	■ Add
			☐ Remove
			Change
			Add
			Remaye
			D.Ohange 1
			- 5.00 kpl
			□ Remove
			Change
			☐ Remove
			☐ Change
			□ Add
			☐ Remove
			Change

_	
•	
-	
-	
-	
-	
-	<u>ښ</u> ــــــــــــــــــــــــــــــــــــ
	<i>>*</i>
-	
-	
L' FF	08/27/2018 ive data if other than the data of filing: (antional)
Note:	ive date, if other than the date of filing: (optional) fective 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 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the seffective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	August 2,7 . 2018
	and the second s
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00