

L18 0000 296 87

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

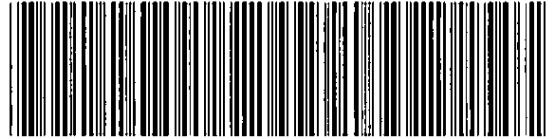
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/29/24--01011--021 **25.00

2024 JAN 29 PM 4:41
COMMUNITY COLLEGE
FBI/DOJ

FRED B. SHARE, Attorney at Law

1092 Ridgewood Ave.
Holly Hill, FL 32117
PHONE (386) 253-1030
FAX (386) 248-2425
email: brobins@cfl.rr.com

January 19, 2024

Florida Dept. of State
Division of Corporations
Amendment Section
Post Office Box 6327
Tallahassee, FL 32314

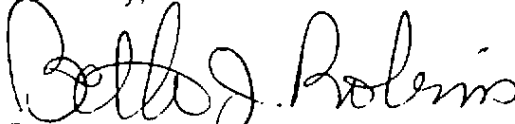
RE: Lucky Drive of Ormond Beach, LLC

Dear Sir or Madam:

Enclosed are Articles of Amendment in regard to the above entity, along with the required filing fee.

Please process and contact this office should you have any questions or need anything further. Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read "Beth J. Robins".

Beth J. Robins, Legal Assistant
to Fred B. Share

/bjr
Encs.

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

LUCKY DRIVE OF ORMOND BEACH, 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 February 1, 2018 and assigned
Florida document number L18000029687.

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)

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:

New Registered Office Address:

Enter Florida street address

Florida

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 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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Change

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SECRETARY OF THE
TALLAHASSEE COUNTY

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

Article III is hereby deleted.

2024 JUN 29 PM 4:41
SECRETARY OF STATE
TAMARA RICE FI

2024 JUN 29 PM 4:41

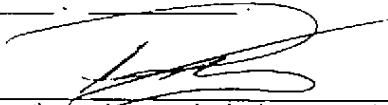
E. Effective date, if other than the date of filing: _____ (optional)

(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 January 2024



Signature of a member or authorized representative of a member

Pinchas Mamane

Typed or printed name of signer