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Certified Copies	_ Certificates	s of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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## **COVER LETTER**

SUBJECT:	Lucas Todd,	LLC		
SUBJECT:		Name of Limi	ted Liability Company	·
The enclosed	l Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return	all correspon	dence concerning this matter t	to the following:	
		Daniel Toback		
			Name of Person	<del></del>
		Lucas Todd, LLC		
			Firm/Company	2,000 5.44.
		1391 NW St Lucie Blvd., S	Ste 103	
		_	Address	<del></del>
		Port St. Lucie, FL 34986		
			City/State and Zip Code	
		julbeth1979@aol.com		
For further in	iformation cor	n-man address: (d	o be used for future annual report notific II:	cation)
Daniel Toba	ck		772 206-1234 at ()	
	Name of I	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for the	following amount:		
□ \$25.00 F	iling 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:

Registration Section Division of Corporations

TO:

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



October 15, 2019

DANIEL TOBACK 1391 NW ST. LUCIE BLVD STE. 103 PORT ST. LUCIE, FL 34986

SUBJECT: LUCAS TODD LLC Ref. Number: L18000078607

We have received your document for LUCAS TODD LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

The actual signature of the authorized person signing the form is required and we have of record of the signee listed.

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) 245-6050.

Letter Number: 819A00021263

Irene Albritton Regulatory Specialist II

www.sunbiz.org

District of Comments of D.O. DOV 0207 Well-based Florida 2021

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lucis fold, LLC	
( <u>Name of the Limited Liability</u> (A Florida	ty Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Colorida document number L18000078607	Tompany were filed on $03/27/2018$ and assigned
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ted liability company here:
he new name must be distinguishable and contain the words "Limit	ited 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 ADDR	RESS)
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)	
	6
3. If amending the registered agent and/or regist egistered agent and/or the new registered office addroname of New Registered Agent:	tered office address on our records, <u>enter the name of the</u> ress here:
Name of New Registered Agent.	
New Registered Office Address:	Enter Floridu street address
	Liner Frontia Sirver autiress
	, Florida
	ząr Couc

## 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	Wright, Anne	1391 NW St Lucie Blvd, Ste 103, Port St Lucie, FL 34986	Add
		<del></del>	■ Remove
			Change
MGR	Toback, Daniel	1391 NW St Lucie Blvd, Ste 103, Port St Lucie, FL 34986	Add
			Remove
			□ Remove
			🗆 Change
		<del></del>	☐ Remove
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ffective date, if other than the an effective date is listed, the date must	be specific and cannot be prior t	o date of filing or more tha	( <b>optional</b> ) n 90 days after filing.) Pursuant to	605.020
<b>Sofe:</b> If the date inserted in this blo	ck does not meet the applica	ble statutory filing requ	irements, this date will not be	listed a
ocument's effective date on the De	partment of State's records.			
			<i>/</i>	
e record specifies a delayed		an effective time,	at 12:01 a.m. on the ea	irlier o
The 90th day after the reco	ru is illeu.			
Oated September 27	2019			
Dated	. 2019	<u>.</u> ·		
			117514	
	Signature of a member or author	uzed tepresentative of a m	Dight	_

Page 3 of 3

Filing Fee: \$25.00