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COVER LETTER

Division of Co				
SUBJECT: Luci's Con	nmercial Leasing, LLC			
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Apostolos Gionis			
		Name of Person		
	Luci's Commercial Leasing, LLC			
		Firm/Company	~ 	
	612 South Martin Luther King Jr. Ave			
		Address		
	Clearwater, FL 33756			
		City/State and Zip Code		
	pgionis@gionislaw.com E-mail address: (to be used for future annual report not	itication)	
For further information of	concerning this matter, please co	•	,	
Apostolos Gionis		at (727) 446-3333 Area Code Daytim		
Name (of Person	Area Code Daytim	e Telephone Number	
Enclosed is a check for t	he following amount:			
\$25.00 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:

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

Luci's Commercial Leasing, 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 _ and assigned Florida document number | L18000111466 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," 612 South Martin Luther King Jr. Ave. Enter new principal offices address, if applicable: Clearwater, FL 33756 (Principal office address MUST BE A STREET ADDRESS) 612 South Martin Luther King Jr. Ave Enter new mailing address, if applicable: Clearwater, FL 33756 (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

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.

New Registered Agent's Signature, if changing Registered Agent:

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>	Address	Type of Action
			
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	be specific and cannot be prior to date of filing or mock does not meet the applicable statutory filing	
record specifies a delayed he 90th day after the reco	effective date, but not an effective t rd is filed.	ime, at 12:01 a.m. on the earlier o
ed_June 1	2018	
Cyrostal	Signature of a member or authorized representative  Conic	of a member

Page 3 of 3

Filing Fee: \$25.00