

L18000 142 642

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

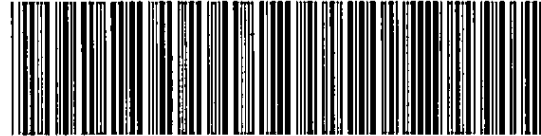
(Business Entity Name)

(Document Number)

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R. WHITE

SEP 17 2019

2019 SEP -9 AM 11:18

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Lumen Investments and Trust LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jon McFadden

Name of Person

Lumen Investments and Trust LLC

Firm/Company

8102 Mahogany Drive

Address

Boynton Beach, Florida, 33436

City/State and Zip Code

jonmcfadden@outlook.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jon McFadden

412 525 - 8941

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building

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

Lumen Investments and Trust LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

2019 SEP -9 AM 11:18

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned
Florida document number L18000142642.

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 "L.L.C."

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

City

Florida

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> |
|--------------|------------------|--|--|
| AMBR | Jon McFadden | 8102 Mahogany Drive, Boynton Beach, Florida, 33436 | <input type="checkbox"/> Add |
| | | | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | Sharisse Jimenez | 4200 Community Drive, Apt 1012, West Palm Beach, Florida 33409 | <input type="checkbox"/> Add |
| | | | <input checked="" type="checkbox"/> Remove |
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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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.

(b) The 90th day after the record is filed.

Dated July 2019

Signature of a member or authorized representative of a member

Jon McFadden

Typed or printed name of signee