## 1800011201

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(Requestor's Name) (Address) (Address)	000
(City/State/Zip/Phone #)	1
(Business Entity Name) (Document Number)	
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10/22/21--01006--012 \*\*30.00



OCT 2.5 2021

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<b>CAPITAL CONNECTION, INC.</b> 417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222	
	_
LUZ GENERAL SERVICES LLC	
	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art. of Amend. File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Рьою Сору
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
e.g.natoro	Vehicle Search
	Driving Record
Requested by: Seth $10/21/21$	UCC 1 or 3 File
10/21/21	UCC 11 Search
Name Date Time	UCC 11 Retrieval

· ·			COVER LETTER		
	gistration Se ision of Co				
0110 TT 270.		ERAL SERVICES LLC			
SUBJECT:Name of Limited Liability Company					
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	i all correspo	ondence concerning this matter	to the following:		
		MARCOS REZENDE			
		Name of Person			
		CSG - CAPITAL SERVICES GROUP INC			
			Firm/Company		
		1191 E NEWPORT CENT	ER DR #103		
			Address	<u></u>	
		DEERFIELD BEACH - FI	. 33442		
			City/State and Zip Code	<u> </u>	
		MARCOS@THEWAYGRO	DUP.BIZ to be used for future annual report not	ification)	
For further it	nformation c	oncerning this matter, please ca	alt:		
MARCOS			954 427-4770		
· · · · ·	Name o	l'Person	at () Area Code Daytin	ae Telephone Number	
Enclosed is a	a check for t	he following amount:			
□ \$25.00 H	filing Fee	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Statu, Certified Copy (additional copy is enclosed)	
	iling Addres		<u>Street Address:</u> Registration Se	ction	
Registration Section Division of Corporations		Division of Corporations			

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LUZ GENERAL SERVICES LLC (Name of the Limited Liability Com)	pany as it now appears on our records. d Liability Company)	)
	a maching company	
The Articles of Organization for this Limited Liability Compar Florida document number <u>1,18000171201</u> .	1y were filed on 07/11/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited lia</u>	ability company here:	
LUZ HOME DESIGN LLC		
The new name must be distinguishable and contain the words "Limited Lia	ibility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principa <u>l office address MUST BE A STREET ADDRESS)</u>		
Enter new mailing address, if applicable: ( <u>Mailing address MAY BE A POST OFFICE BOX)</u>		
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records, <u>enter t</u>	<u>he name of the new regist</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	•*•	
	, FI0 , City	ridaZ_p 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, <u>enter the title, name, and address of each person</u> being added or removed from our records:

## MGR = Manager AMBR = Authorized Member

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<u>Title</u>	Name	Address	Type of Action
			[]Add
			🗆 Remove
			CiChange
			[]Add
			🗌 Remove
		<u> </u>	[]Change
			🗆 Add
		<u></u>	[]Remove
			Change
			[]Remove
			□Change
			🗆 Add
			🗌 Remove
			🗋 Change
<b>.</b>			🗆 bba
			CRemove
			Change

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

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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.

October 20th Dated	2021	20.	
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	XIII	uthorized representative of a memb	
		amonized representative of a memo	
ANDERSON LUZ D	A SILVA		
	T	The second se	

Typed or printed name of signee