

L18 000285734

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

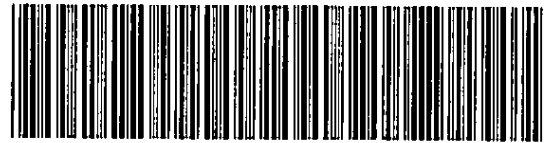
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MAY 18

S. PRATHER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 20, 2022

GABRIEL DA LUZ SERVICES, LLC  
3161 RUSTIC LANE  
NORTH FORT MYERS, FL 33917

SUBJECT: LA MERE STUDIO AND DESIGN, LLC  
Ref. Number: W22000083504

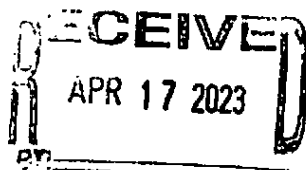
We have received your document for LA MERE STUDIO AND DESIGN, LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for ~~\$25,000~~ <sup>\$25,000</sup>. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

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) 245-6939.

Stacy Prather  
Regulatory Specialist III

Letter Number: 522A00013835



ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

RECEIVED

Gabriel Da Luz Services, LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

2022 APR 27 AM 7:29

SECRETARY OF STATE  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 12/12/2018 and assigned  
Florida document number L180000285734

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

LA MERE STUDIO AND DESIGN, LLC

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:

3161 Rustic Lane

(Principal office address MUST BE A STREET ADDRESS)

North Fort Myers, FL 33917

Enter new mailing address, if applicable:

3161 Rustic Lane

(Mailing address MAY BE A POST OFFICE BOX)

North Fort Myers, FL 33917

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:

N/A

New Registered Office Address:

N/A

Enter Florida street address

N/A

City

Florida N/A

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.

N/A

If Changing Registered Agent, Signature of New Registered Agent

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

NA

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

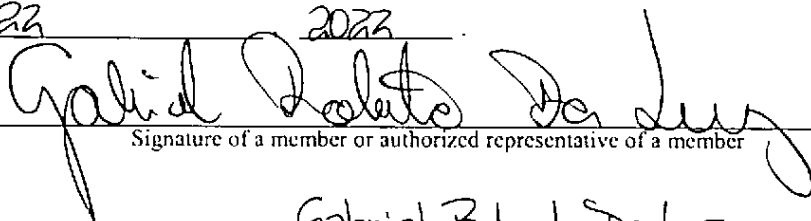
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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 03/29/2022

2022



Signature of a member or authorized representative of a member

Gabriel Roberto Da Luz

Typed or printed name of signer

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TO  
ARTICLES OF ORGANIZATION  
OF

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(Principal office address MUST BE A STREET ADDRESS)

North Fort Myers, FL 33917

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New Registered Office Address:

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Enter Florida street address

N/A

City

Florida N/A

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N/A

If Changing Registered Agent, Signature of New Registered Agent

**MGR = Manager**  
**AMBR = Authorized Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
N/A			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
N/A			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
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N/A			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

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

NA

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

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Dated 03/29/2023

2023

Gabriel Roberto Da Luz

Signature of a member or authorized representative of a member

Gabriel Roberto Da Luz

Typed or printed name of signee

2023 APR 17 PM 1:26  
CALL RECORDS SECTION