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S. YOUNG

COVER LETTER

	Registration S Division of Co						
CHD IEC	Lucerne 2						
SUBJECT: Name of Limited Liability Company							
The enclo	sed Articles o	of Amendment and fee(s) are sub	mitted for filing.				
Please ret	urn all corres;	oondence concerning this matter	to the following:				
		Deborah Seidman					
			Name of Person				
		Lucerne 202, LLC					
		 	Firm/Company				
4201 N Ocean Blvd, Suite 909							
		· · · · · · · · · · · · · · · · · · ·	Address	 			
		Boca Raton, FL 33431					
			City/State and Zip Code				
		debscorner@att.net					
		E-mail address: (to be used for future annual report notif	ication)			
For furthe	r information	concerning this matter, please c	all:				
Deborah !	Seidman		917 731-7007 at ()				
	Name	of Person	at ()at () Daytime	: Telephone Number			
Enclosed i	s 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 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

Lucerne 202, LLC				
(Name of the Lim	ited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited I Florida document number 800322971138	Liability Company	were filed on January 8, 2019	and assigned	
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited lial	pility company here:		
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designation "LLC" o	or the abbreviation "L.L.C."	
Enter new principal offices address, if appli	cable:			
(Principal office address MUST BE A STRE	ET ADDRESS)		9	
				
Enter new mailing address, if applicable:		Deborah Seidman	V: - 1	
(Mailing address MAY BE A POST OFFICE	EBOX)	4201 N Ocean Blvd., Suite 909		
		Boca Raton, FL 33431	0 viet	
B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:		<u>·e</u> :		
New Registered Office Address:	4201 N Ocean Blvd., Suite 909 Enter Florida street address			
New Registered Office Address.				
	Boca Raton	, Flori	da 33431	
		City	Zip Code	
New Registered Agent's Signature, if changing	Registered Agent			
I hereby accept the appointment as registere provisions of all statutes relative to the prop accept the obligations of my position as reg being filed to merely reflect a change in the company has been notified in writing of this	per and complete istered agent as registered office	performance of my duties, and provided for in Chapter 605, F.:	I am familiar with and S. Or, if this document is	
		19		
	If Cha	nging Rogistered Agent, Signature of S	vew Registered Agent	

Page 1 of 3

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
MGK	Deborah Seidman	4201 N Ocean Blvd Suite 909, Boca Raton, FL 33431	₩ Add
			□ Remove
			Change
MGR	Marco Seidman	4201 N Ocean Blvd Suite 909 Boca Raton, FL 33431	■ Add
			Remove
			☐ Change
			Add
			□ Remove
			Change
			Add
			Remove
			☐ Change
		- <u></u>	□ Add
			□ Remove
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f amending any other inform	g (,	,	•	,
				
				
				
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			.	
Effective date, if other than the offective date is listed, the date in Note: If the date inserted in this document's effective date on the	block does not meet the a	applicable statutory filin	(optional) fore than 90 days after filing.) g requirements, this date	Pursuant to 605.0207 will not be listed as
ne record specifies a delayo The 90th day after the re		ut not an effective t	ime, at 12:01 a.m. (on the earlier of
February 8 Dated	2019			
Jaico	7200	· · · · · · · · · · · · · · · · · · ·	_	
	The state of the s	r authorized representative		

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee