

L19 000 082 740

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200440980262

12/13/24-01008-015 **30.00

FILED
25 DEC 13 PM 3:53
CLERK OF SUPERIOR COURT
STATE OF FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Luke's New York Bagel Shop 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:

Justin M. Mowitz
Name of Person

Mowitz Law, LLC
Firm/Company

2445 SW 76th St #140
Address

Gainesville, FL 32608
City/State and Zip Code

jmowitz@gmail.com
(E-mail address: to be used for future annual report notification)

For further information concerning this matter, please call:

Justin M. Mowitz at (352) 389-0607
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

Luke's New York Bagel Shop, 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 MARCH 25, 2019 and assigned Florida document number L19000082740.

This amendment is submitted to amend the following:

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

LN43 CONSULTING, LLC

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)

4933 NW 1st PLACE
GAINESVILLE, FL 32607

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4933 NW 1st PLACE
GAINESVILLE, FL 32607

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

Florida

City

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

[illegible]

[illegible]

(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)

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.

Signature of a member or authorized representative of a member

Luke Vescovi
Typed or printed name of signee

AFFIDAVIT
REGARDING NAME CHANGE
AND RELEASE OF NAME AND FICTITIOUS NAME

State of Florida)
)ss.
County of Alachua)

The undersigned Affiant, Luke M. Vescovi, personally appeared before me, the undersigned Notary, and, who after being duly sworn makes this Affidavit upon personal knowledge and hereby states that Affiant is of legal age, and is familiar with the nature and significance of an oath, and that the following matters are true and correct to the best of his knowledge:

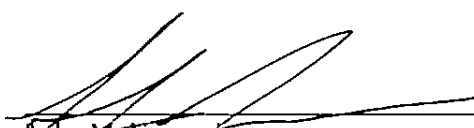
That Affiant is the Chief Executive Officer and Vice President of Lukes New York Bagel Shop, LLC, a Florida limited liability company ("Company") and is authorized to give and make this Affidavit on behalf of the Company; and,

That Company has filed a name change amendment of even date herewith, changing the name of the Company to "LNYB Consulting, LLC"; and,

That Company also owns the fictitious name "Luke's New York Bagel Shop", filed under document number G22000111118, and by this affidavit hereby releases the Fictitious Name to Phi Nupe, LLC.

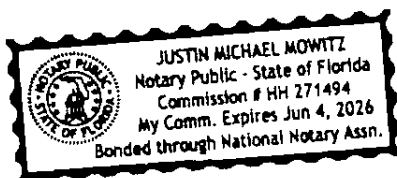
That Company has no intention of revoking the name change amendment dated December 5, 2024, and filed herewith, and that Company hereby irrevocably releases the name "Lukes New York Bagel Shop" and all versions and derivatives thereof, and the fictitious name filed under the above-referenced document number, to Phi Nupe, LLC, to be used as or in its new name, or as a fictitious name to do business as or under, effective upon the receipt of this affidavit by Florida Department of State, Division of Corporations.

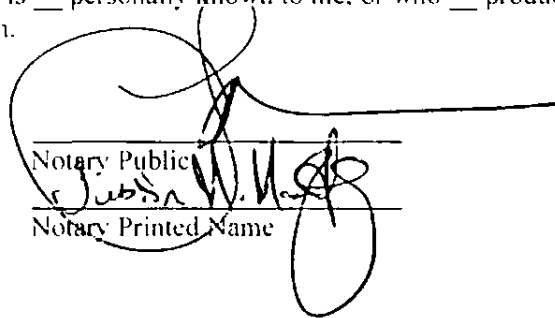
Further affiant sayeth naught.



Luke M. Vescovi
Affiant

SWORN to and subscribed before me by means of ☒ physical appearance, or by ☐ means of remote online notarization, this 5 day December, 2024, Luke M. Vescovi, as Chief Executive Officer and Vice President of Lukes New York Bagel Shop, LLC., who is personally known to me, or who produced _____ as identification.





Notary Public
Justin Michael Mowitz
Notary Printed Name