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_____
(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

[ ] PICK-UP   [ ] WAIT   [ ] MAIL

_____
(Business Entity Name)

_____
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MAR 0 9 2020

S. YOUNG

COVER LETTER

TO: Registration Section
        Division of Corporations

SUBJECT: Lucifer Technologies 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:

Jared Atticus Steinmetz   (Preferred name: Atticus)
_____
                    Name of Person

Lucifer Technologies LLC
_____
                    Firm/Company

747 SW 2nd Ave, IMB # 39, Suite 227
_____
                    Address

Gainesville, FL 32601
_____
                City/State and Zip Code

atticus@lucerelabs.com
_____
    E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jared Atticus Steinmetz   239   464-6988
_____ 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 &   ☐ $55.00 Filing Fee &   ☑ $60.00 Filing Fee,
                          Certificate of Status   Certified Copy   Certificate of Status &
                                                      (additional copy is enclosed)   Certified Copy
                                                                                (additional copy is enclosed)

Mailing Address: **Street Address:**
Registration Section   Registration Section
Division of Corporations   Division of Corporations
P.O. Box 6327   The Centre of Tallahassee
Tallahassee, FL 32314   2415 N. Monroe Street, Suite 810
                                        Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Lucifer Technologies 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 11/18/2020 and assigned

Florida document number L19000285881 .

This amendment is submitted to amend the following:

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

Lucere Labs 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:	747 SW 2nd Ave
(Principal office address MUST BE A STREET ADDRESS)	IMB #39, Suite 227
	Gainesville, FL 32601

Enter new mailing address, if applicable:	747 SW 2nd Ave
(Mailing address MAY BE A POST OFFICE BOX)	IMB #39, Suite 227
	Gainesville, FL 32601

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:	Jared Atticus Steinmetz
New Registered Office Address:	747 SW 2nd Ave, IMB #39, Suite 227
	Enter Florida street address

Gainesville   , Florida 32601
_____   _____
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, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
COO	Vera Monlux	747 SW 2nd Ave	☐ Add
		IMB #39, Suite 227	☐ Remove
		Gainesville, FL 32601	■ Change
CSO	Connor Watson	747 SW 2nd Ave	☐ Add
		IMB #39, Suite 227	☐ Remove
		Gainesville, FL 32601	■ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

I would also like to add two new fictitious names or DBAs:

"Lucere" and "Lucere Labs"

_____

_____

_____

_____

_____

_____

_____

_____

_____

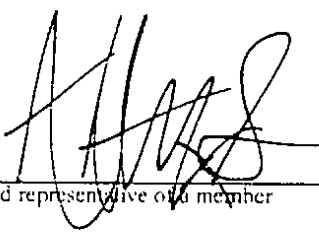_____

_____

_____

_____

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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.

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   02/11/2020

Signature of a member or authorized representative of a member

Jared Atticus Steinmetz

Typed or printed name of signee

Filing Fee: $25.00