

L200000 20522

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

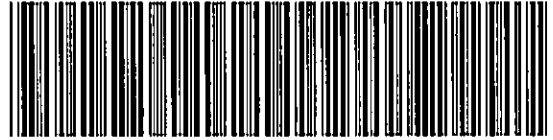
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2020 JUN 17 AM 7:29

FILED

JUL 25 2020  
S. YOUNG

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: LUCARGO SERVICES 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:

MARIA P HERNANDEZ DE LA RIVA

\_\_\_\_\_  
Name of Person

LUKARGO SERVICES LLC

\_\_\_\_\_  
Firm/Company

1053 SW 117 COURT

\_\_\_\_\_  
Address

MIAMI FL 33184

\_\_\_\_\_  
City/State and Zip Code

mph0626aol.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIA P HERNANDEZ DE LA RIVA

786

7602227

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 &  
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 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**

LUCARGO SERVICES 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 01/13/2020 and assigned  
Florida document number L20000020522

This amendment is submitted to amend the following:

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

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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

| <u>Title</u> | <u>Name</u>               | <u>Address</u>                   | <u>Type of Action</u>                      |
|--------------|---------------------------|----------------------------------|--|
| MGR          | MARIA P HERNANDEZ DE LA F | 1053 SW 117 COURT MIAMI FL 33184 | <input type="checkbox"/> Add               |
|              |                           |                                  | <input checked="" type="checkbox"/> Remove |
|              |                           |                                  | <input type="checkbox"/> Change            |
| AMBR         | MARIA P HERNANDEZ DE LA F | 1053 SW 117 COURT MIAMI FL 33184 | <input checked="" type="checkbox"/> Add    |
|              |                           |                                  | <input type="checkbox"/> Remove            |
|              |                           |                                  | <input type="checkbox"/> Change            |
|              |                           |                                  | <input type="checkbox"/> Add               |
|              |                           |                                  | <input type="checkbox"/> Remove            |
|              |                           |                                  | <input type="checkbox"/> Change            |
|              |                           |                                  | <input type="checkbox"/> Add               |
|              |                           |                                  | <input type="checkbox"/> Remove            |
|              |                           |                                  | <input type="checkbox"/> Change            |
|              |                           |                                  | <input type="checkbox"/> Add               |
|              |                           |                                  | <input type="checkbox"/> Remove            |
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|              |                           |                                  | <input type="checkbox"/> Add               |
|              |                           |                                  | <input type="checkbox"/> Remove            |
|              |                           |                                  | <input type="checkbox"/> Change            |

[illegible]

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

Typed or printed name of signee

**Filing Fee: \$25.00**