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(Requ	uestor's Name)	
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PICK-UP	WAIT	MAIL
(Busi	ness Entity Nar	ne)
(Doce	ument Number)	
Certified Copies	Certificates	s of Status
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Special Instructions to Fi	ling Officer:	





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C SIMMONS
MAY 0 1 2020

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: LUCIOUS 'Le 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:
Leyona Peck Name of Person
Lucious'Le LLC
Firm/Company
13194 US HWY 301 S SUITE 427 Address
Riverview/FL 33578 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Leyona Peck at (813) 403-2640
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, □ \$60.0

,

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

LUCIOUS LE LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

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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.

Jugano Muk

If Charging 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		2000		
<u>Title</u>	Name	2020 APR 20 PM 2: 54	Type of Action	
		Audress 77 2: 54	□Add	
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fective date, if other than the date of filing:	(optional) annot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3
	et the applicable statutory filing requirements, this date will not be listed as the
ecord specifies a delayed effective date, but not an is filed.	n effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ted April 15th Juffell Signature of a men	2020 .
1.14	
Signature of a med	mber or authorized representative of a member