L20000187239

(Ře	equestor's Name)			
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(Cit	ty/State/Zip/Phone	e #)		
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(Document Number)				
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COVER LETTER

TO: Registration Se Division of Cor		.	*			
Lucacon L	rc		•			
SUBJECT:Name of Limited Liability Company						
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspondence	ondence concerning this matter	to the following:				
	Lucas Azer					
	Name of Person					
	Lucacon LLC					
	Firm/Company					
	801 N Federal Hwy					
		Address				
	Lake Worth Beach, FL 33-	460				
		City/State and Zip Code				
	lucaconstore@gmail.com	to be used for future annual report no	different and			
For further information of	concerning this matter, please e	·	uncation)			
Lucas Azer		949 233-0330				
Name o	of Person		ne Telephone Number			
Enclosed is a check for t	he 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 Addre		Street Address:	ootion			
Registration Section Division of Corporations			Registration Section Division of Corporations			
P.O. Box 6327		The Centre of	The Centre of Tallahassee			
Tallahassee, FL 32314		2415 N. Monre	2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lucacon LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our recor Liability Company)	ds.)
The Articles of Organization for this Limited Liability Company	were filed on 07/02/2020	and assigned
Florida document number L20000187239		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
'he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LL	C" or the abbreviation "L.L.C."
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)		
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>ente</u>	r the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	155
		lorida
	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>	Name	<u>Address</u>	Type of Action
Member	Mark Congionti	33 Fawn Rdg	□Add
		Millwood, NY 10546	■Remove
			□Change
			Dodd
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			bb∆d
			□Remove
			□Change
			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 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 _ April 09 Lucas Azer Signature of a member or authorized representative of a member Lucas Azer Typed or printed name of signee

Filing Fee: \$25.00