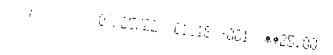
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| (F | Requestor's Name) |) |
|---|---------------------|-------------|
| (<i>f</i> | Address) | |
| | Address) | |
| (0 | Dity/State/Zip/Phon | ne #) |
| PICK-UP | ☐ WAIT | MAIL |
| (E | Business Entity Na | me) |
| (C | Ocument Number |) |
| Certified Copies | Certificate | s of Status |
| Special Instructions to Filing Officer: | | |
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Office Use Only



300391522173





COLLIN

COVER LETTER

| LUCA LO SUBJECT: | LI, LLC | | • |
|-----------------------------|--|---|---|
| | Name of Lin | nited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | Daniel R. Gross | | |
| | | Name of Person | |
| | LUCA LOLI, LLC | | |
| | | Firm/Company | |
| | 6500 SW 120th St. | | |
| | | Address | |
| | Pinecrest, FL 33156 | | |
| | dgross003@gmail.com | City/State and Zip Code | |
| | | to be used for future annual report notif | ication) |
| For further information c | oncerning this matter, please c | all: | |
| Daniel R. Gross | | 305 803-0370 at () | |
| Name o | f Person | | : Telephone Number |
| Enclosed is a check for the | ne 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:

TO:

Registration Section Division of Corporations

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

| LUCA LOLL LLC | 2022 JUL 25 F/F | 1:32 |
| (Name of the Limited Liability Company as it now appears on our records.) |
| (A Florida Limited Liability Company) | 1:35 TATE |
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New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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> | Address | Type of Action |
|--------------|----------------------|-----------------|----------------|
| AMBR | Bernardo Rafael Puga | 6320 SW 132 ST | |
| | | MIAMI, FL 33156 | □Remove |
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| Tective date, if other than t | | (optional) |
| ote: If the date inserted in this | | g or more than 90 days after filing.) Pursuant to 605.0207 or filing requirements, this date will not be listed as t |
| record specifies a delayed effectis filed. | tive date, but not an effective time, at 12:01 | a.m. on the earlier of: (b) The 90th day after the |
| July 21 | 2022 | |
| | | |
| | | |
| | Signature of a member or authorized represent | tative of a member |

Typed or printed name of signee