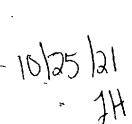
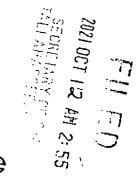
(Requestor's Name)	
(Address)	700374779927
(Address)	700071770027
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	10/12/2101041013 **30.00
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
	- 10/25/21 - 11/25/21 - 11/25/21/21/21/21/21/21/21/21/21/21/21/21/21/
- 110	T E TH

Office Use Only





COVER LETTER

	egistration Sec ivision of Corp			
	L 18 CONN			
SUBJECT	:	Name of Limi	ited Liability Company	
The enclose	ed Articles of A	Amendment and fee(s) are sub-	mitted for filing	
		ndence concerning this matter	-	
		LUISA M RONDON		
			Name of Person	
		L 18 CONNECT LLC		
			Firm/Company	
		440 W PARK DR APT 20	1	
			Address	
		MIAMI FL 33172		
			City/State and Zip Code	
		GORDAZUMBA36@GMA		
		E-mail address: (t	o be used for future annual report notif	ication)
For further	information co	oncerning this matter, please ca	di:	
LUISA M	RONDON		786 3745842	
	Name of	Person		: Telephone Number
Enclosed is	a check for th	c 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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2021 OCT 12 AH 2: 55

L 18 CONNECT LLC		FIARY OF - 12
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records. Liability Company)	AMMASTE F
The Articles of Organization for this Limited Liability Company Lorida document number $\frac{10000299617}{100000000000000000000000000000000000$	y were filed on FLORIDA	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
LUMA STUDIO II LLC		
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC"	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, enter the	he name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Flor	i da

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.

Cirv

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>	Type of Action
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			□Change
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effectiv <u>te:</u> If th	date, if other to be date is listed, the ne date inserted is effective date	e date must be so in this block of	specific and does not m	l cannot be pr neet the app	ior to date of f licable statut	iling or more		after filing.)		
cord sp s filed.	ecifies a delaye	d effective dat	te, but not	an effective	: time, at 12:	01 a.m. on t	he earlier o	f: (b) The	90th day aft	er the
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