L20000397167

(Re	equestor's Name)	
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LA. 2/18/21

COVER LETTER

Div	ision of Cor	porations "		
SUBJECT:	Luciartex			
SOBJECT.		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Lucila Resumil		
			Name of Person	
			Firm/Company	
		832 Falling Water Rd		
			Address	
		Weston, Florida, 33326		
			City/State and Zip Code	
		<u>Lresumil@hotmail.com</u> E-mail address: (to be used for future annual report noti	fication)
For further in	nformation c	oncerning this matter, please c	all:	
Lucila Resu	mil		954 610-7986 at ()	
	Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	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
	iling Addres gistration S		Street Address: Registration Se	ction
ъ.			D	.•

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Registration Section

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

Lucianex					
(Name of the Limited Liability (A Florida L	united Liability Company	y)			
The Articles of Organization for this Limited Liability Cor Florida document number L20000397167	mpany were filed on .	December 21, 2020		and ass	igned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limite	ed liability company	<u>here</u> :			
The new name must be distinguishable and contain the words "Limite	d Liability Company," th	e designation "LLC" or t	he abbrev	iation "L.	L.C."
Enter new principal offices address, if applicable:					
Principal office address MUST BE A STREET ADDRE	<u> </u>				
			•	202	
			<u> </u>		
Enter new mailing address, if applicable:	<u></u>			.Z.	
(Mailing address MAY BE A POST OFFICE BOX)			5. 50	N	
			<u> </u>	2	
				- : 3	
 If amending the registered agent and/or registered of the new registered office address here: 	office address on ou	r records, <u>enter the l</u>	<u>name of</u>	the nev	<u>v registere</u>
Name of New Registered Agent:					
New Registered Office Address:					
	Enter F	lorida street address			
		, Florida			
	City		2	Zip Code	
ew Registered Agent's Signature, if changing Registered Agent's Signatur	Agent:				

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and scept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is sing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability impany 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>	Address	Type of Action
MGR	Zoilo D. Crespo	832 Falling Water Rd, Weston, Fl 33326	
			□Remove
			□Change
			□ Add
			□Remove
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Effective date, if other than the If an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	ock does not meet the applic	able statutory filing require	(optional) 0 days after filing.) Pursuant to 605.02 ments, this date will not be listed
e record specifies a delayed effective ord is filed.	e date, but not an effective ti	me, at 12:01 a.m. on the ea	rtier of: (b) The 90th day after th
Dated January 7	2021	_ _ ·	
	Signature of a member or author	orized representative of a men	aber
Lucila Resumil			

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