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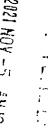
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## **COVER LETTER**

Tallahassee, FL 32314

	Registration Se Division of Cor					
CUD IF	LUCKY D	8, LLC				
SUBJEC	.1:	Name of Lim	ited Liability Company			
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please re	turn all correspo	ondence concerning this matter	to the following:			
		PATRICIA NASSER				
			Name of Person			
		LUCKY D8, LLC				
			Firm/Company			
		15485 MEADOW WOOD	DR			
			Address			
		WELLINGTON, FL 3341	4			
			City/State and Zip Code			
		luckyd8llc@gmail.com	to be used for future annual report not	(fication)		
For furth	er information c	concerning this matter, please co				
PATRICIA NASSER		561 3724511 at()				
	Name o	f Person	Area Code Daytin	ne Telephone Number		
Enclosed	l is a check for the	he following amount:				
	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fcc, Certificate of Status & Certified Copy (additional copy is enclosed)		
	Mailing Addres		Street Address:  Degistration Se	ection		
Registration Section Division of Corporations			Registration Section Division of Corporations			
	P.O. Box 632		The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LUCKY D8, LLC			
(Name of the Limi	ted Liability Compa (A Florida Limited l	ny as it now appears on our rec Liability Company)	cords.)
The Articles of Organization for this Limited L Florida document number L21000133994	iability Company	were filed on 3/22/2021	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name (	of the limited liab	ility company here:	
The new name must be distinguishable and contain the	words "Limited Liabil	lity Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		15485 MEADOW WOOD	DR
•	the following:  ame of the limited liability company here:  and the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."  applicable:  I5485 MEADOW WOOD DR  WELLINGTON, FL 33414  Dele:  I5485 MEADOW WOOD DR  WELLINGTON, FL 33414  WELLINGTON, FL 33414  Dele:  PATRICIA NASSER  I5485 MEADOW WOOD DR  Enter Florida street address  WELLINGTON  Florida 33414		
Enter new mailing address if annlicable:		15485 MEADOW WOOD	DR 2021 X
	mailing address, if applicable:    Mellington, FL 33414		
If amending the registered agent and/or registered office address on our records, enter the name of the new regist			
B. If amending the registered agent and/or agent and/or the new registered office addre		address on our records, <u>en</u>	
Name of New Registered Agent:	PATRICIA NA	ASSER	
New Registered Office Address:	ess, if applicable:  EAPOST OFFICE BOX)  Stered agent and/or registered office address on our records, enter the name of the new registered office address here:  PATRICIA NASSER  15485 MEADOW WOOD DR		
(Mailing address MAY BE A POST OFFICE  B. If amending the registered agent and/cagent and/or the new registered office add	<u> </u>	Enter Florida street ad	 ldress
	WELLINGTO	N	, Florida <u>33414</u>
		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.

Patruc Na SSER

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
AMBR	PATRICIA NASSER	15485 MEADOW WOOD DR	<b>≘</b> Add
		WELLINGTON, FL 33414	Remove
			□ Change
AMBR	JAIME ANGEL	431 JUPITER LAKES BLVD	<b>≣</b> Add
		APT 2112D	□Remove
		JUPITER, FL 33458	□Change
AMBR	DANIELA PIEDRAHITA	15485 MEADOW WOOD DR	
		WELLINGTON, FL 33414	221 NO Remove
			Change
AMBR	LAURA PIEDRAHITA	15485 MEADOW WOOD DR	E Add A
		WELLINGTON, FL 33414	□Remove
			□Remove
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	10/01/2	2021			
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e: If the date inserted in this bloc iment's effective date on the Dep			filing requirements	, this date will not be	e listed
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ord specifies a delayed effective	date, but not an effecti	ve time, at 12:01 :	a.m. on the earlier o	f: (b) The 90th day	after th
filed.					
October 1st	2021				
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Them Ve	selles late ==	-			

Filing Fee: \$25.00