

K21 000133 994

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

Amendment

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T.A.S.

SECRETARY OF STATE
MAIL ROOM
11/12/21

2021 NOV -5 AM 10:02

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LUCKY D8, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

PATRICIA NASSER

Name of Person

LUCKY D8, LLC

Firm/Company

15485 MEADOW WOOD DR

Address

WELLINGTON, FL 33414

City/State and Zip Code

luckyd8llc@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PATRICIA NASSER

561

3724511

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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
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**

LUCKY D8, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 3/22/2021 and assigned
Florida document number L21000133994

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability 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)

15485 MEADOW WOOD DR

WELLINGTON, FL 33414

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

15485 MEADOW WOOD DR

WELLINGTON, FL 33414

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

PATRICIA NASSER

New Registered Office Address:

15485 MEADOW WOOD DR

Enter Florida street address

WELLINGTON

City

Florida 33414

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.

Patricia Nasser

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>	<u>Type of Action</u>
AMBR	PATRICIA NASSER	15485 MEADOW WOOD DR	<input checked="" type="checkbox"/> Add
		WELLINGTON, FL 33414	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JAIME ANGEL	431 JUPITER LAKES BLVD	<input checked="" type="checkbox"/> Add
		APT 2112D	<input type="checkbox"/> Remove
		JUPITER, FL 33458	<input type="checkbox"/> Change
AMBR	DANIELA PIEDRAHITA	15485 MEADOW WOOD DR	<input checked="" type="checkbox"/> Add
		WELLINGTON, FL 33414	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	LAURA PIEDRAHITA	15485 MEADOW WOOD DR	<input checked="" type="checkbox"/> Add
		WELLINGTON, FL 33414	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

There was a typo error on the Mailing Address registered. The proper address is the one written in this amendment.

2021 NOV - 5 AM 10: 02
SECURITY & PROTECTION
IN LANSING

E. Effective date, if other than the date of filing: 10/01/2021 (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 October 1st 2021

jean Perlewhite

Signature of a member or authorized representative of a member

LAURA PIEDRAHITA

Typed or printed name of signee

Filing Fee: \$25.00