Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	Doing so will generate another cover sheet.	2021 SEP 29
To:		Ę
	Division of Corporations Fax Number : (850)617-6383	2
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From:	0.000 MEDITO 1415	AM 10:
	Account Name : REGISTERED AGENTS INC.	$\overline{}$
		ب
	Account Number : I20090000081	بر
stor the	Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010	17
annual	Account Number : I20090000081 Phone : (307)200-2803	17

2021 SEP 29

\$25.00 Estimated Charge

SEP 3 0 2021

A. LUNT

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Florida document number L21000154388 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.LC." 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new register	Lumina Crystal LLC			
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 "LLC" or the ab	(<u>Name of the Limited Liability Com</u> (A Florida Limite	npany as it now appears on our ed Liability Company)	records.)	
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 "LLC" or the ab	The Articles of Organization for this Limited Liability Compa-	ny were filed on 04/02/2	1	and assigned
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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new register agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida Florida				
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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new register agent and/or the new registered address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida	A. If amending name, enter the new name of the limited li	ability company here:		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new register agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida	The new name must be distinguishable and contain the words "Limited Lie	ability Company," the designation	n "LLC" or the abbrevi	ation "L.L.C."
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Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida	Mailing address MAY BE A POST OFFICE BOX)			7
Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida		ce address on our records,	enter the name of	the new registe
New Registered Office Address: Enter Florida street address Florida				
Enter Florida street address . Florida	Name of New Registered Agent:			
	New Registered Office Address:	Enter Florida street	addiress	.
City Zip Code			Florida	
		City	Z	ip Code

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.

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>	Name	Address	Type of Action
AMBR	FEDERICO MARTIN FERNANDEZ NERVEGNA	7901 4TH ST. N, STE. 5368	<u></u> XIAdd
		ST. PETERSBURG, FL 33702	□Remove
			□Change
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(If an effecti <u>Note:</u> If)	date, if other than the date of filing:	605 0207 listed as	7 (3) s the
the record sport is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day	after the	:
Dated S	September 29 2021		
	Rilun Tak. Signature of a member or authorized representative of a member	-	
	Riley Park		

Filing Fee: \$25.00