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(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	1
Certified Copies	_ Certificate:	s of Status
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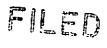
TO:

Registration Section

Division of Cor	porations		
LUCILLES	30A LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Brian R. Graham		
		Name of Person	
		Firm/Company	
	455 Admiral Court		
		Address	
	Destin, FL 32541		
		City/State and Zip Code	
	lrussgraham@gmail.com		
		to be used for future annual report no	tification)
For further information c	oncerning this matter, please o	all:	
Brian R. Graham		901 8982 · at ()	
Name o	f Person	Area Code Daytir	me Telephone Number
Enclosed is a check for the	ne 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 Solvision of Control P.O. Box 632	Section Corporations	Street Address: Registration Se Division of Co The Centre of	orporations
Tallahassee, 1			oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION



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LUCILLE'S 30A LLC

(Name of the Limited Liability Company as it now appears on our records) APASSEE, FI

The Articles of Organization for this Limited I	.iability Company were fil	led on 04/27/2021	and assigned
Florida document number L21000195736	·		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liability cor	npany here:	
AMBROSIA 30A LLC			
The new name must be distinguishable and contain the	words "Limited Liability Comp	pany," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
		- 	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	E BOX)		
	the second conflict		
B. If amending the registered agent and/or agent and/or the new registered office addr	9	on our records, enter t	he name of the new register
Name of New Registered Agent:	Jeremy T. Cranford		
New Registered Office Address:	Cranford Law, PL, 4458	8 Legendary Dr., Suite 350	
		Enter Florida street address	
	Destin	. Flor	rida <u>32541</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.

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
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			□Remove
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Note: I	f the date inserted	the date must be speci i in this block does on the Departmen	s not meet the ap	plicable statutory	or more than 90 days filing requirement	(optional) s after filing.) Pursuan is, this date will not	t to 605.0207 be listed as
he record ord is file		ed effective date, b	ut not an effecti	ve time, at 12:01	a.m. on the earlier	of: (b) The 90th de	ay after the
	19 SANI	isy	, 202	2//			
Dated _	/	/					

Filing Fee: \$25.00