# KZ1000312316

(Re	questor's Name)	
(Ad	dress)	
bA)	dress)	
(Cit	ry/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	]
	ý,	
40	S HORNE	
	163 	7/20

Office Use Only



800385979128

04/18/22+-01042++018 \*\*25.08

SECRETARY OF STATE



RECEIVED

2022 JUL 26 PM 3: 32

TALLY TE AIL

## FLORIDA DEPARTMENT OF STATE Division of Corporations

June 1, 2022

ROBERTO LUCES 2047 FORBES STREET APT 3 JACKSONVILLE, FL 32204 US

SUBJECT: LUCES CONSULTING LLC

Ref. Number: L21000312316

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document number of the name conflict is L21000115630.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Jasmine N Horne Regulatory Specialist II

Letter Number: 422A00012315

### **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT: Luces of	Consulting 1.1.C		
SOBJECT	Name of Lim	nited Liability Company	<del></del>
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Roberto Luces	Name of Person	<del></del>
	Luces consult		
	2047 Forbes	Street, apt 3	
	Jacksonville,	FLorida, 32204 City/State and Zip Code no @ gmail.com to be used for future annual report not	
	rober to luces pi	no@gmail.com to be used for future annual report not	ification)
For further information con	ncerning this matter, please c		
Roberto Luces		at (904 ) 609-7	290
Name of I	Person		ne Telephone Number
Enclosed is a check for the	following amount:		
<b>₹</b> \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Se Division of Co P.O. Box 6327	ection rporations	Street Address: Registration Se Division of Co The Centre of T	rporations Fallanassee
Tallahassee, Fl	_ 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Luces Consulting L.L.C		
Name of the Limited Liability	Company as it now appears on our reco imited Liability Company)	<u>ords.</u> )
The Articles of Organization for this Limited Liability Con	mpany were filed on Joly 8,2	lo21 and assigned
Florida document number <u>L21000312316</u>	-	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
Broducto ASI 1	L.L.C	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u> </u>	
	<del> </del>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	·	
	· North	
D. If amonding the application of application was strength		4h
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	onice address on our records, <u>ent</u>	er the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	ress
	,	Florida
	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 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
			□Add
			□Remove
		<del> </del>	☐Change
			□Add
		□Remove	
			[] Change
	<del></del>	<del></del>	□Add
			□ Remove
			□Change
	· · · · · · · · · · · · · · · · · · ·	□ Remove	
			□ Change
		□Add	
		□Remove	
			☐ Change
			□ Add
			□Remove
			a c

	<del></del>
(If an et <b>Note:</b>	tive date, if other than the date of filing:
f the reco ecord is f	rd 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 iled.
Dated	04/14/2022
	000
	Signature of a member or authorized representative of a member
	Roberto Andres Luces Pino Typed or printed name of signee

E ...