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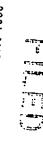
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(Requestor's Name)
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(Document Number)
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SECRETARY OF STATE



COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Div	ision of Cor	porations					
CUBICAT	LUX OCC	ASSION LLC					
SUBJECT:		Name of Lim	ited Liability Company				
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return	all correspo	endence concerning this matter	to the following:				
		Rodrigo Granados					
			Name of Person				
		LUX OCCASSION LEC					
			Firm/Company				
		7346 W 84th PL					
			Address				
		Bridgeview IL 60455					
			City/State and Zip Code				
		rodrigogrndos@gmail.com	<u> </u>				
		E-mail address: (to be used for future annual report no	tification)			
For further is	nformation c	oncerning this matter, please ca	all:				
Rodrigo Gra	inados		224 6611269 at (_)				
	Name o	f Person	Area Code Dayti	me Telephone Number			
Enclosed is a	a check for th	ne following amount:					
□ \$25.00 F	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)			
	iling Addres		Street Address: Registration S	ection			
Registration Section Division of Corporations			Division of Corporations				
P.O. Box 6327			The Centre of Tallahassee				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ility Company as it now appears on our record da Limited Liability Company)	<u>s.</u>)
Company were filed on August 2, 2021	and assigned
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mited liability company here:	
imited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
NRECC)	702 702
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	- Sec. 19
	<u> </u>
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ed office address on our records, <u>enter</u>	the name of the new regist
:	
Enter Florida street addres	
F1.	o wido
City	Zip Code
	Company were filed on August 2, 2021 mited liability company here: mited Liability Company." the designation "LLC DRESS) ed office address on our records, enter: Enter Florida street address , Fl

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
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			Remove
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	-		AAAA J Add AAAA Remove
			Change
			□Add
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cument's effective da	te on the Department of	f State's records.					
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ecord specifies a delay is filed.	yed effective date, but n	ot an effective tir	me, at 12:01 a.m.	on the earlier of:	(b) The 90	ith day a	itter the
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	5, 2021	Hn_			<u> </u>		
	// Signature of	a mombor or outbe	crised correspondativ	e of a member			
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