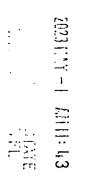
# L21000360619

Office Use Only



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### **COVER LETTER**

## TO: Registration Section **Division of Corporations** Lucia's Destiny, LLC SUBJECT: 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: Rudolph P. Foschi Name of Person Firm/Company 5811 Atlantic Blvd, Unit 91 Address Jacksonville, FL 32207 City/State and Zip Code rudy@foschiphoto.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Rudolph Foschi Daytime Telephone Number Name of Person Enclosed is a check for the following amount: **■** \$25.00 Filing Fee ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (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

(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on ou ited Liability Company)	<u>ir records.</u> )		
The Articles of Organization for this Limited Liability Completion of the Articles of Organization for this Limited Liability Complete L21000360619			and assi	gned
his amendment is submitted to amend the following:				
. If amending name, enter the new name of the limited	liability company here:			
N/A				
ne new name must be distinguishable and contain the words "Limited I	Liability Company," the designat	ion "LLC" or the abbrevi	ation "Ll	C."
nter new principal offices address, if applicable:	N/A	- 1: - 11: - 11: - 11: - 11: - 11: - 11: - 11: - 11: - 11: - 11: - 11: - 11: - 11: - 11: - 11: - 11: - 11: - 1		<u>.</u>
rincipal office address MUST BE A STREET ADDRESS	<u> </u>		~)	
		<u>:</u> ,	l £Z.	
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nter new mailing address, if applicable:	N/A		<del>1</del> .	i
failing address MAY BE A POST OFFICE BOX)				:
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. If amending the registered agent and/or registered off gent and/or the new registered office address here:	fice address on our records	s, <u>enter the name of</u>	the new	registe
Name of New Registered Agent: N/A		,,,,		
New Registered Office Address:	Enter Florida stre	vet address		<del>,</del>
	, Florida			
<del></del>	City		ip 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>	Name	Address	Type of Action
MGR	Cheryl Foschi	5811 Atlantic Blvd, Unit 91	□Add
		Jacksonville, FL 32207	■Remove
			Change
			□Add
			□ Remove
			☐Change
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ffective date, if other than the date of filing:	_						
ffective date, if other than the date of filing:  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 605.020 fote:  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ocument's effective date on the Department of State's records.  The 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 list filed.  The school of a member of authorized apprearment of a member of a mem	_						
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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 605.020 fote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ocument's effective date on the Department of State's records.  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 list filed.  Figure 104/27/2023  Signature of a member or authorized apprecentative of a member	_		e date of filing:			(optional)	
ated 04/27/2023  Audslight P. Foschi pores  Signature of a member or authorized representative of a member	- ffecti	ve date. if other than th			4 00 1	0 60 10	105.05
Cudolph P. 7-schi pres.  Signature of a member or authorized representative of a member	an eff ote:	ective date is listed, the date m If the date inserted in this l	ust be specific and canno block does not meet th	ot be prior to date of fili he applicable statuto:			
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Signature of a member or authorized representative of a member	an effi ote: ocum record Lis fil	ective date is listed, the date m If the date inserted in this l ent's effective date on the d specifies a delayed effect led.	ust be specific and cannoblock does not meet the Department of State's ive date, but not an ef	ot be prior to date of filing the applicable statutors records.  Frective time, at 12:0	ry filing requirements	r of: (b) The 90th	not be listed h day after th
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