121000007533

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100382733961

03/02/22--01015--005 **25.00

PILED 2022 MAR -2 AM 6: 20 SECRETARY OF STATE

A. BUTLER MAR 14 2022

COVER LETTER

Registration Section

TO:

Division of Corp	orations		
	CCTMENTS LLC		
SUBJECT: LUKE INVI	Name of Limit	ed Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspon	ndence concerning this matter t	o the following:	
	YALEXA LEON ZURIAR	Name of Person	
		Name of Person	
		Firm/Company	
	7540 SOUTHWEST 61ST	AVENUE	
	1340 000 1114 301 014	Address	
	SOUTH MIAMI, FLORID	A 33143 City/State and Zip Code	
	YALEXALEON@HOTMA	II COM	
	E-mail address: (1	o be used for future annual report not	ification)
For further information c	oncerning this matter, please ca	all:	
YALEXA LEON ZURIA		at (786) 346-8490 Area Code Daytin	T-Lakara Nombre
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he following amount:		
□ \$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 Addre	ss:	Street Address:	
Registration	Section	Registration S	
Division of C	•	Division of Co The Centre of	rporations Tallahassee
P.O. Box 632 Tallahassee,		2415 N. Monr	oe Street, Suite 810
i alianassee.			

Tallahassec, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATIONED OF

2022 MAR -2 AM 6: 20

If Changing Registered Agent, Signature of New Registered Agent

LUKE INVESTMENTS, LLC	SECR	ETARY OF STATE	
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appea bility Company)	LE OUTOUT BOCOLUE)	
The Articles of Organization for this Limited Liability Company v	vere filed on N	OVEMER 23, 2021	_ and assigned
Florida document number L21000507833			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company h	ere:	
LUKE INVESTMENTS ONE, LLC		the state of the s	viction "I I C"
The new name must be distinguishable and contain the words "Limited Liability The new name must be distinguishable and contain the words "Limited Liability The new name must be distinguishable and contain the words "Limited Liability The new name must be distinguishable and contain the words "Limited Liability The new name must be distinguishable and contain the words "Limited Liability The new name must be distinguishable and contain the words "Limited Liability The new name must be distinguishable and contain the words "Limited Liability The new name must be distinguishable and contain the words "Limited Liability The new name must be distinguishable and contain the words "Limited Liability The new name must be distinguishable and contain the words "Limited Liability The new name must be distinguishable and contain the words "Limited Liability The new name must be distinguishable and contain the words "Limited Liability The new name must be distinguishable and contain the words "Limited Liability The new name must be distinguishable and contain the words "Limited Liability The new name must be distinguishable and contain the words "Limited Liability The new name must be distinguishable and contain the words "Limited Liability The new name must be distinguishable and contain the new name m	y Company," the	designation "LLC" or the above	viation L.L.C.
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)		<u> </u>	
B. If amending the registered agent and/or registered office a	ddress on our	records, enter the name	of the new registered
agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Fi	lorida street address	
		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	perjormance (provided for in	oj my auties, ana 1 am jai 1 Chapter 605, F.S. Or, if	this document is

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
			□Remove
			□Add
			□Remove
			Change
			□Add
			□ Rетюve
			□Change
			□ Add
			□ Remove
			☐ Change
			□Add
			□Кетю∨с
			Change
			□Add
			□ Remove
			□ Change

f amendin	ig any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Note: If the	date, if other than the date of filing:
record sp d is filed.	
Dated	Signature of a member or authorized representative of a member
	Alm.
	Signature of a member or authorized representative of a member
	Typed or printed name of signice

. . . .

Filing Fee: \$25.00