L22000118384

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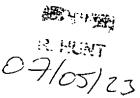
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COVER LETTER

TO:	Registration S Division of Co	•	•	,	
SUBJE	CT: Lucmar 19	949 LLC			
		Name of Lin	nited Liability Company		
The end	:losed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please i	return all correspo	ondence concerning this matter	to the following:		
		Sheryl S Rice			
			Name of Person		
		Lucmar 1911 LLC			
			Firm/Company		
		15600 SW 288 St Ste 301			- 1
			Address	. . :	2023
		Homestead FL 33033			ď
			City/State and Zip Code		ر ن ن
		ap@martinengineering.con		 0.00 11.00	72 11
For furt	her information c	E-mail address: (concerning this matter, please c	to be used for future annual report not all:	itteation) H. S.	PH 9: 25
Sheryl			at (305) 259-7853		
	Name (of Person	Area Code Daytin	ne Telephone Number	
Enclose	ed is a check for t	he following amount:			
■ \$25	5,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Filin Certificate of Certified Co (additional cor	of Status &
	Mailing Addres		<u>Street Address:</u> Registration Sc	ection	
Registration Section Division of Corporations		Division of Co			
P.O. Box 6327			The Centre of	Tallahassee	
Tallahassee, FL 32314		2415 N. Monre	be Street, Suite 810	i	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lucmar 1949 LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on March 08, 2022 and assigned Florida document number [L22000118384 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Lucmar 1911 LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" of the abbreviation "LLC." 15600 SW 288 St Ste 301 Enter new principal offices address, if applicable: Homestead FL 33033 (Principal office address MUST BE A STREET ADDRESS) 15600 SW 288 ST Ste 301 Enter new mailing address, if applicable: Homestead FL 33033 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address 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 Florida street address

New Registered Agent's Signatuse, 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.

Cirv

, Florida

. If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person—being adde or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
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			□Remove
			□Change
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ctive date, if other tha			(optional)	
effective date is listed, the da	te must be specific and car	nnot be prior to date of film	g or more than 90 days	after tiling.) Pi	irsuant to 605,02
2: If the date inserted in t iment's effective date on	the Department of State	t the applicable statutory	y ming requirements	tims date wi	ii not be usted :
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ord specifies a delayed et	fective date, but not an	effective time, at 12:01	a.m. on the earlier of	of: (b) The 9	Oth day after th
filed.					y and any
d June 26		2023			
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	- Jac	nber or authorized represer			

Typed or printed name of signee