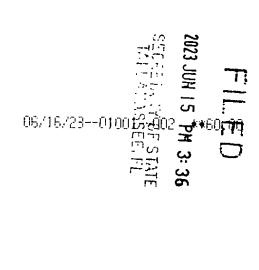
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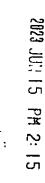
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Special Instructions to Fit	ing Officer:	
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COVER LETTER

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P.O. Box 6327

Tallahassee, FL 32314

TO:

Registration Section Division of Corporations

	Name of Lim	ited Liability Company	
The enclosed Articles of A	unendment and fee(s) are sub	mitted for filing.	
Please return all correspor	dence concerning this matter	to the following:	
	IANTRESS M E BENNET	гт	
		Name of Person	
	LUMELA. LLC		
		Firm Company	
	4800 BASS POINT RD		
		Address	
	ORLANDO, FL 32820	City State and Zip Code	
	docterb@aol.com	City state and Zip Code	
	E-mail address: (to be used for future annual report notific	cation
For further information co	ncerning this matter, please co	all:	
RAWLVAN BENNETT		at (703) 944-5209 Area Code Daytime	
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address:	:
Registration S Division of Co		Registration Sect Division of Corp	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LUMELA, LLC		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar	ny were filed on APRIL 8, 2022	and assigned
Florida document number L22000169444		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited li</u>	ability company here:	
he new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC" or t	he abbreviation L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
Principal office address MUST BE A STREET ADDRESS)		
		7 - TT
Enter new mailing address, if applicable:	16877 E COLONIAL DR. =304	M 3: 3
Mailing address MAY BE A POST OFFICE BOX)	ORLANDO, FL 32820	
3. If amending the registered agent and/or registered offic gent and/or the new registered office address here:	e address on our records, <u>enter the</u>	name of the new register
Name of New Registered Agent: LANTRESS	M E BENNETT	
New Registered Office Address:	Enter Florida street address	
	Florid:	Ziv 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

danticas ME Bonnes

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
MGR	LANTRESS M E BENNET	4800 BASS POINT RD. ORLANDO. FL 32820	≣ Add
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	Martin Control of the State of the Control of the C		□Add
			□Remove
]Change
			□Remove
			'C'hange
			
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ote: If the date	Tother than the distinct the distribution of the date must be inserted in this blockive date on the Dep	ck does not me e	t the applicabl	date of filing or mee statutory filin	ore than 90 day g requiremen	(optional) is after filing.) P is, this date wi	ursuant to 605.020 Il not be fisted as
ecord specifies is filed.	a delayed effective	date. but not an	effective time	, at 12:01 a.m.	on the earlier	of: (b) The S	Oth day after the
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ated Time 13.				. 4			
ated June 15.	Low	trans	MEZO	nacht			
ated Julie 13.	Lon s	ignature of a men	nber or authoriz	nict ed representative	of a member	.	

Filing Fee: \$25.00