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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : PAGIO'S & ASSOCIATES, LLC

Account Number : I20100000043 Phone

: (305)397-8553

Fax Number

: (305)397-8521

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LUCKY MARINE LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

M. SOLOMON JUL 19 2024

## **COVER LETTER**

TO: Registration Section Division of Corporations LUCKY MARINE 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: HERNAN M. MARTINEZ GARCIA Name of Person LUCKY MARINE LLC Firm/Company 19370 COLLINS AVE, APT 716 Address SUNNY ISLES BEACH, FLORIDA 33160 City/State and Zip Code HERVAL10@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 219 - 5248HERNAN M. MARTINEZ GARCIA Daytime Telephone Number Name of Person Area Code Enclosed is a check for the following amount:

Mailing Address:

■ \$25.00 Filing Fee

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

☐ \$30.00 Filing Fee &

Certificate of Status

Street Address:

S55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

□ \$60.00 Filing Fee.

Certified Copy

Certificate of Status &

(additional copy is enclosed)

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LUCKY M	ARINE LLC			
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appear. Liability Company)	on our records.)		
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	05/03/2022	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited llab	ility company he	<u>re</u> :		
The new name must be distinguishable and contain the words "Limited Liubi	lity Company," the de	signation "LLC" or the abl	previation "L.L.C."	
Enter new principal offices address, if applicable:	19370 COLLINS AVE, APT 716			
(Principal office address MUST BE A STREET ADDRESS)	SUNNY ISLES	BEACH, FLORIDA 331	60	
Enter new mailing address, if applicable:	19370 COLLIN	S AVE, APT 716		
(Mailing address MAY BE A POST OFFICE BOX)	SUNNY ISLES	BEACH, FLORIDA 331	60	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:		cords, <u>enter the name</u>	2024 JUL 119 SEGRETARY TALL AHASSE	
	Service 4 (87)	Florida	PH 1: DF ST/	
	City	, FIOLKIN	Zip Ce画页 <b>5</b>	

## 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.

H240002454853
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	MARTINEZ GARCIA, HERNAN	17451 NE 19th AVE	
		NORTH MIAMI BEACH, FL 33162	■Remove
			☐ Change
AMBR	MARTINEZ GARCIA, HERNAN M	19370 COLLINS AVE, APT 716	
		SUNNY ISLES BEACH, FLORIDA 33160	□Remove
			Change
MGR	RUBIN ESCOBAR, VALERIA Y.	19370 COLLINS AVE, APT 716	■Add .
		SUNNY ISLES BEACH, FLORIDA 33160	□Remove
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ffective date	e, if other than the date of	filing:	07/19/2024	(option	<b>3</b> 1)
<u>ote:</u> If the da	e, if other than the date of te is listed, the date must be speci ate inserted in this block does octive date on the Departmen	not meet the appli	cable statutory filir	core than 90 days after fil ag requirements, this d	ing.) Pursuant to 605.0207 ate will not be listed as t
record specifi is filed.	ics a delayed effective date, b	ut not an effective	iime, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
nted	JULY 19	2024	··		
		AV	<u> </u>		
		Harman W Gr +2 (3A 13, 10	14 12:54 con norized representative		
	Signature	e of a member of Rull	iorizea represemany	s of a member	

Filing Fee: \$25.00