

L220002/4360

Florida Department of State
Division of Corporations
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((H24000371050 3)))



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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : NELSON MULLINS RILEY & SCARBOROUGH, MIAMI
Account Number : 120180000075
Phone : (305)373-9419
Fax Number : (305)373-9443

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

Email Address: natalie.schwager@calidagroup.com

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K. SALY

NOV 12 2024



November 8, 2024

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LUEMME, LLC
12186 SW 128 ST
MIAMI, FL 33186

SUBJECT: LUEMME, LLC
REF: L22000214360

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

Electronically filed documents must be on letter size paper.

Fax audit sheet is faxing sideways.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

FAX Aud. #: H24000371050
Letter Number: 324A00024577

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Fax Audit No. H24000371050 3

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lucerne, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Beatriz Rosa, Esq.

Name of Person

Nelson Mullins Riley & Scarborough LLP

Firm/Company

2 South Biscayne Blvd., Suite 2100

Address

Miami, FL 33131

City/State and Zip Code

natalie.schwager@calidagroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Beatriz Rosa, Esq.

at (305)

373-9400

Name of Person

Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

Fax Audit No. H24000371050 3

DocuSign Envelope ID: 3579B629-FA15-47A0-8C5F-C6C6D393224D

Fax Audit No. H24000371050 3

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: LUEMME, LLC

2. (a) 12186 SW 128 ST Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
MIAMI, FL 33186

(b) 12186 SW 128 ST Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
MIAMI, FL 33186

3. 05/18/2022 Date of filing registration in Florida

4. L22000214360 Document number

5. (a) SILVIA CAMPELLO
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
12186 SW 128 ST

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**
MIAMI, FL 33186

(b) ANTOINE PEYRON
Emer name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Office Address:

, FL

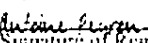
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.


Signature of a member or authorized representative of a member

Dave Mueller
Printed or typed name of signer

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.


Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00