

h22000261482

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

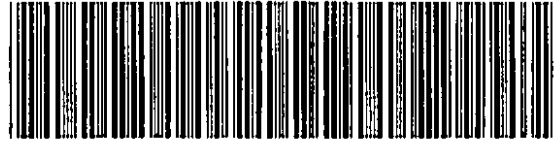
(Business Entity Name)

(Document Number)

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2022 AUG 24 PM 4:32
SECRETARY OF STATE
TALLAHASSEE, FL

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LUCALIMO LLC

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:

MD JUBERI KHAN

Name of Person

LUCALIMO LLC

Firm/Company

4115 JOHNSON DAIRY RD 569

Address

PALM BEACH GARDENS, FL 33410

City/State and Zip Code

LIMOLUCCA@GMAIL.COM

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

For further information concerning this matter, please call:

MD JUBERI KHAN

33418

5613170409

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

LUCALIMO 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 06/08/2022 and assigned
Florida document number L22000261482.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

NA

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

4115 JOHNSON DAIRY RD 569

PALM BEACH GARDENS, FL 33410

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4115 JOHNSON DAIRY RD 569

PALM BEACH GARDENS, FL 33410

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:

MD JUBERI KHAN

New Registered Office Address:

4115 JOHNSON DAIRY RD 569

Enter Florida street address

PALM BEACH GARDENS

Florida

33410

City

Zip 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.

MD Juberi Khan

If Changing Registered Agent, Signature of New Registered Agent

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TALLAHASSEE, FL

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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------------|------------------------------|--|
| P | SHAHJAHAN D AFOO | 102 HIDDEN HOLLOW DRIVE | <input type="checkbox"/> Add |
| | | PALM BEACH GARDENS, FL 33418 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| VP | TASLIM AHMED | 4612 BRADY LN | <input type="checkbox"/> Add |
| | | PALM BEACH GARDENS, FL 33418 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| P | MD JUBERI KHAN | 4115 JOHNSON DAIRY RD 569 | <input checked="" type="checkbox"/> Add |
| | | PALM BEACH GARDENS, FL 33410 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| VP | MOHAMMED S RAHMAN | 9148 E HIGHLAND PINES DR | <input checked="" type="checkbox"/> Add |
| | | PALM BEACH GARDENS, FL 33418 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

N/A

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated AUGUST 15, 2022

MD Juberi Khan

Signature of a member or authorized representative of a member

MD JUBERI KHAN

Typed or printed name of signee