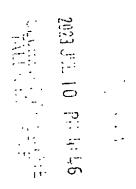
L22000 263 000

	(Requestor's Name)
	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
	(,
PICK-UP	WAIT MAIL
ليبيا	
	(Business Entity Name)
	(Document Number)
	,
Cadified Copies	Certificator of Status
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
operat instructions to	, mily officer.
}	

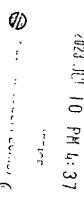
Office Use Only



600410875156



07/11/23--01001--025 **25.00



COVER LETTER

TO:

Registration Section Division of Corporations

LUSTCONSULT 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: Raquel Rothman, Esq. Name of Person Raquel Rothman, P.L. Firm/Company 20700 W. Dixie Highway Address Aventura, Florida 33180 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Raquel Rothman 786 303-7529 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: \$25.00 Filing Fee □ \$60.00 Filing Fee. ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liabili (A Florid	ity Company as it now appears on our recor a Limited Liability Company)	rds.)				
The Articles of Organization for this Limited Liability C Florida document number L22000263000	Company were filed on <u>06/08/2022</u> .	and assigned				
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the lim	nited liability company here:					
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."				
Enter new principal offices address, if applicable:						
(Principal office address MUST BE A STREET ADDI	RESS)					
Enter new mailing address, if applicable:	-	2823 J				
(Mailing address MAY BE A POST OFFICE BOX)						
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our records, <u>ente</u>	r the name of the new registere				
Name of New Registered Agent:						
New Registered Office Address:						
	Enter Florida street address					
	, F	lorida Zip Code				
	Cuy	zip Code				

New Registered Agent's Signature, if changing Registered Agent:

LUSTCONSULT LLC

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

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>	Type of Action
MGR	Danny Lustgarten Guahmich	21150 POINT PLACE	■Add
		APT 706	□Remove
		AVENTURA, FL 33180	
			□Add
			□Remove
			Change
			□Add
			Remove
			
			! TRemove
			□ Change
			Change
			□Add
			□Remove
			□Change

		-				_
		····				_
					· · · · · · · · · · · · · · · · · · ·	_
						-
						_
						_
						_
						_
						_
					. ~	
· · · · · · · · · · · · · · · · · · ·	·			المهاب المهاب	E 33	_
					- 	- · ·
<u></u>					<u> </u>	_
					7	
						-
	 				<u>"</u>	-
		<u>-</u>				_
		<u> </u>				
fective date, if other than the date	of filing:			(optional)	
fective date, if other than the date an effective date is listed, the date must be spote: If the date inserted in this block defections.	pecific and cannot be	prior to date of fili	ng or more than 90 o	lays after filing	g.) Pursuant to 60 e will not be lis)5.020 sted as
ocument's effective date on the Departr	nent of State's rec	ords.	i y mmg requirem	ins, ins dui	e will not be it.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
record specifies a delayed effective date is filed.	, but not an effecti	ve time, at 12:0	l a.m. on the earli	erof:(b) T	he 90th day aft	er the
lune l	2023					
June 1 ated		11				
		// [[
	1					