

**L22000321121**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H22000285829 3)))



H220002858293ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : FLORIDA TAX & ACCOUNTING SERVICES, INC.  
Account Number : I20130000078  
Phone : (305)235-9292  
Fax Number : (305)328-9359

\*\*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  
LUMARU CHAROLAIS, LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

2022 AUG 24 AM 10:14

2022 AUG 24 AM 8:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

AUG 25 2022  
K. Brumbley

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LUMARU CHAROLAIS, 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 \_\_\_\_\_ and assigned  
Florida document number L22000321121.

This amendment is submitted to amend the following:

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

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) \_\_\_\_\_

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address MAY BE A POST OFFICE BOX) \_\_\_\_\_

**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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

Enter Florida street address

Florida

City

2022 AUG 24 AM 8:54  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND

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

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>
AP	WILLIAM M RUSCH JR. OWNER	4708 FISH BRANCH	<input type="checkbox"/> Add
		ZOLFO SPRINGS, FL 33890	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	WILLIAM M RUSCH JR.	4708 FISH BRANCH	<input checked="" type="checkbox"/> Add
		ZOLFO SPRINGS, FL 33890	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AP	DENNIS MUNTZ, OWNER	4708 FISH BRANCH	<input type="checkbox"/> Add
		ZOLFO SPRINGS, FL 33890	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DENNIS MUNTZ	4708 FISH BRANCH	<input checked="" type="checkbox"/> Add
		ZOLFO SPRINGS, FL 33890	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DEBRA RUSCH	28500 SW 177 AV	<input type="checkbox"/> Add
		HOMESTEAD, FL 33030	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AR	DEBRA RUSCH	28500 SW 177 AV	<input checked="" type="checkbox"/> Add
		HOMESTEAD, FL 33030	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

**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 11 2022

James R. Smith  
Secretary or member of authorized representative

DEBRA RUSCH

Typed or printed name of signer

**Filing Fee: \$25.00**