Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : RCA ACCOUNTING SERVICES CORP

Account Number : I20180000102 Phone : (305)799-7633 Fax Number : (305)406-3999

**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 **GRUPO LUCES 1203 LLC**

Certificate of Status	0
Certified Copy	0
l'age Count	01
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

MIG 25 2022 K Brumbley

ARTICLES OF AMENDMENT #22CCC2862973 TO ARTICLES OF ORGANIZATION,

GRUPO LUCES 1203 LLC			
(Name of the Limit	ed Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited L Florida document number L22000362029	iability Company w	ere filed on 08/18/2022	and assigned
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name o	f the limited liabili	ty company here:	
Enter new principal offices address, if applic	able:	y Company," the designation "LLC" or	the abbreviation "L.L.C."
(Principal office address MUST BE A STREE	<u>(T ADDRESS)</u>		
Enter new mailing address, if applicable:	BOV		
(Mailing address MAY BE A POST OFFICE	<u> </u>		
B. If amending the registered agent and/or ragent and/or the new registered office addre		dress on our records, <u>enter the</u>	AUG A
Name of New Registered Agent:	ARQUIMEDES.	OSE LUCES SOTO	AM AM SSEE
New Registered Office Address:	651 CASTERTO	N CIR	AH IO
	DAVENPORT	Enter Florida street address	33807 &

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.

In Changing Registered Agent, Signature of New Registered Agent

H22000 2862973
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	ARQUIMEDES JOSE LUCES GII	651 CASTERTON CIR DAVENPORT, FL 33897	□Add
			□Remove
			= Change
MGR	ARQUIMEDES JOSE LUCES SO	651 CASTERTON CIR DAVENPORT, FL 33897	□Add
			□Remove
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	08/18/2022
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an effec	f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed:
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