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.

(((H22000419379 3)))



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 : INCFILE.COM LLC Account Number: I20220000070 Phone : (888)462-3453 Fax Number : (877)919-2613

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

EFILE1234@INCFILE.COM Email Address:___

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN THE LUCEO LLC

Certificate of Status	0
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Page Count	05
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Electronic Filing Menu — Corporate Filing Menu

Help

Registration Section

Tallahassee, FL 32314

TO:

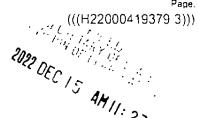
COVER LETTER

Division of Cor	porations			
		E LUCEO LLC		
SUBJECT:	Name of Limi	ted Liability Company	· - ·	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing		
Please return all correspo	ondence concerning this matter (to the following:		
	LOVETTE DOBSON			
		Name of Person		
Firm/Company				
	17350 STATE HWY 249 S	YPE 220		
		Address		
	HOUSTON, TX 77064			
		City/State and Zip Code		
	EFILE) 234@ INCFILE.CO.	M to be used for future annual	nmort politicatio	n)
For further information a	concerning this matter, please of			
	twice ming was marter. preune es		888-462-3	153
LOVETTE DOBSON		at () Area Code	0/10-40/2-1	
Narue (of Person	Area Code	Daytime Tele	phone Number
Enclosed is a check for t	the following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee of Certified Copy tadditional copy is enc		☐ \$60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of (Section Corporations	Divisio	ddress: ation Sectior n of Corpora ntre of Tallal	tions

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



	THE LUCI			<>>
(<u>Name of the Limite</u> (.	Liability Compa V Florida Limited 1	ny as it now appear lability Company)	s on our records.)	
The Articles of Organization for this Limited Lia	bility Company	were filed on	09/16/2022	and assigned
Horida document number				
his amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of	the limited liab	<u>ility company he</u>	<u>re</u> :	
he new name must be distinguishable and contain the wo	rds "Limited Liabil	ity Company," the de	signation "LLC" or the abi	breviation "L. L.C."
Inter new principal offices address, if applicable:		2121 NW 96TH TERRACE APT 14L		
Principal office address MUST BE A STREET ADDRESS)		PEMBROKE PI	NES , FL 33024	·
		2121 NW 96TH	TERRACE APT 14L	
Enter new mailing address, if applicable:		PEMBROKE PINES : FL 33024		
Mailing address MAY BE A POST OFFICE B	<u>(7.1)</u>			
3. If amending the registered agent and/or re		address on our re	cords, <u>enter the nam</u>	e of the new register
gent and/or the new registered office address	<u>nere</u> :			
Name of New Registered Agent:				
New Registered Office Address:	2121 NW 96TH	LTERRACE APT	141,	
New registered vittee Address.		Enter Flori	da sircei address	
	PEMI	BROKE PINES	. Florida	33024
		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.

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: (((H22000419379 3)))

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	MAYLIN FORTE	2121 NW 96TH TERRACE APT 14L	□Add
		PEMBROKE PINES : FL 33024	□Remove
			Change
AMBR	DUNIA DE LA HORRA	2121 NW 96TH TERRACE APT 14L	□Add
		PEMBROKE PINES : FL 33024	
			Change
			□Add
			□Remove
			FlChange
			CiAdd
			□Remove
			□Change
			ÜJAdd
			□Remove
			□ Change
			□Add
			□Remove
			□ Change

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fective date, if other than the data an effective date is listed, the date must be offer. If the date inserted in this block becament's effective date on the Department.	k does not meet the applica	(optional) o date of filing or more than 90 days after filing) Pursual ble statutory filing requirements, this date will no	ni to 605,0207 (3 t be listed as th
record specifies a delayed effective c is filed.	late, but not an effective ti	ne. at 12:01 a.m. on the earlier of: (b) The 90th c	day after the
ated December 13th	2022		
		te presentative of a member	
. Si	enature of Amember of autho	ized representative of a member	

Filing Fee: \$25.00

Typed or printed name of signee