Jan. 4, 2( 1/4/23, 4:59 PM <sup>-2</sup>	23 5:01PM	$\hbar$ ). Division of Corporations	3221	P. 177		
		Florida Department of State Division of Corporations Electronic Filing Cover Sheet		4		3
		(((H23000004592 3)))				
	Note: DO P	H230000045923ABCZ NOT hit the REFRESH/RELOAD button on your browser from t Doing so will generate another cover sheet.	his page.			
~~ ~	Το:	Division of Corporations Fax Number : (850)617-6383		 <u>-</u>	2023 JAN	
	From:	Account Name : GRAYROBINSON, P.A ORLANDO Account Number : I20010000078 Phone : (407)843-8880 Fax Number : (407)244-5690			1-5 ANO 2	
	anni	the email address for this business entity to be used for f ual report mailings. Enter only one email address please.* il Address: Elisabeth. Crane @ Gray - Robinson	•	•.	20	
2023 11 0	LL	C AMND/RESTATE/CORRECT OR M/MG RESIGN LUCAS DEVELOPMENT, LLC	·····			
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## No. 3221 - P - 2/7

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## **COVER LETTER**

H23000004592 3

TO: Registration Sect Division of Corpo						
LUCAS DEV	/ELOPMENT, LLC					
SUBJECT:	Name of Lin	nited Liability Company				
The enclosed Articles of Ar	mendment and fee(\$) are sub	omitted for filing.				
Please return all correspond	ondence concerning this matter to the following:					
	Robert Harding					
	*4pasd =	Name of Person	· · · · · · · · · · · · · · · · · · ·			
	GrayRobinson, P.A.					
	<u></u>	Firm/Company	<u> </u>			
	301 E. Pine Street, Suite 1	400				
	····	Address				
	Orlando, Florida 32801				2023	
		City/State and Zip Code	**		JAN B	
	tlucas@lucas-development.				T	
<b></b> .		to be used for future sumual report notifi	ication)		Сı Ъ	
For further information con	cerning this matter, please c	all:		:	AH 10:	:
Elisabeth Crane, Esq.		407 843-8880		• •	7 2 U	
Name of P	ersûn	Arcs Code Daytime	Telephone Number			
Enclosed is a check for the	following amount:					
□ \$25.00 Filing Fee	\$30,00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
<u>Mailing Address:</u> Registration Se Division of Cor P.O. Box 6327 Tallahassee, FL	porations	<u>Street Address:</u> Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	oorations allahassee Street, Suite 810			

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H23000004592 3

(Name of the Limited Linbility Compa	ny as it now appears on our records.)			
(Name of the Lingled Liebility Compa (A Fiorida Limited I	Liability Company)			
The Articles of Organization for this Limited Liability Company	were filed on 11/22/22	and assigned		
Florida document number 1.22000494943				
This amendment is submitted to amend the following				
A. If amending name, enter the new name of the limited liab	<u>ility company here:</u>			
TODD LUCAS DEVELOPMENT, LLC				
The new marne must be distinguishable and contain the words "Limited Liabi	lity Company." the designation "LLC" or the abb	reviation "L.L.C."		
Enter new principal offices address, if applicable:	1818 Lake Roberts Lunding Drive			
(Principal office address MUST BE A STREET ADDRESS)	Winter Garden, Florida 34787			
			202	
			HYF BZAZ	
Enter new mailing address, if applicable:	1818 Lake Roberts Landing Drive		ā::	
(Mailing address MAY BE A POST OFFICE BOX)	Winter Garden, Florida 34787	; . 	<u>U</u>	
			ç.	
B. If amending the registered agent and/or registered office :	address on our records, <u>enter the name</u>	of the new regi	<u>àtére</u>	
agent and/or the new registered office address here:				
Name of New Registered Agent:				

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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida \_\_

Zlp Code

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Jar. 4.	2023 5:13PM		No. 3221 - 9 6/7
lf amendir or removed	ng Authorized Person(s) authorized to n <u>d from our records</u> :	nanage, <u>enter the title, name</u>	H23000004592 3 and address of each person being added
MGR = _ ! AMBR = _	Manager Authorized Member		
Title	Name	Address	Type of Action
<u></u>			——————————————————————————————————————
		·	Change
			🗆 🗆 Add
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			□ Change

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E. Effective date, if other than the date of filing:
(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)( <u>Note:</u> 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 January 4 2023
Dated 2023
V. Children
Signature of a member or authorized representative of a member
Todd Luças
Typed or printed name of signce
H23000004592 3

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

Filing Fee: \$25.00