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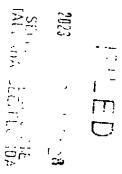
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COVER LETTER

Division of Co			
SUBJECT: <u>LUC</u>	iffers bayar Name of Lim	HCT LLC ited Liability Company	
The enclosed Articles of	f Amendment and fects) are sub	mined for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	<u> Karelyr</u>	Name of Person	
	Luciffers	daughter LLC Firm/Company	<u> </u>
	3957 p	broadway Address	
	FORT MU	City/State and Zip Code	
	E-mail address: (to be used for future annual report notific	amail com
For further information	concerning this matter, please ca	all:	
Name	of Person	Area Code Daytime	Telephone Numberr
Enclosed is a check for a	the following amount:		97 E
\$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration	Section	Street Address: Registration Sect Division of Corp	
Division of C		The Centre of Ta	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

. ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

LuciFferc Daughter LLC

(Name of the Limite	d Liability Company A Florida Limited Lia	as it now appears on obility Company)	our records.)		
The Articles of Organization for this Limited Lia Florida document number <u>92-12657</u> 0	nbility Company w	ere filed on	16/202	3 and a	ssigned
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liabili	ty company here:			
The new name must be distinguishable and contain the wo	ords "Limited Liability	Company," the designation	ition "LLC" or the	e abbreviation "	L.L.C."
Enter new principal offices address, if applica	ble: .			· 	
(Principal office address MUST BE A STREE)	(ADDRESS)			Pro S	
				DZ3 SEJ P ALTI ATTA	•
Enter new mailing address, if applicable:				1	
(Mailing address MAY BE A POST OFFICE <u>I</u>	<u>30X)</u>				
B. If amending the registered agent and/or reagent and/or the new registered office address		dress on our record	ls, <u>enter the n</u>	ame of the n	ew registered
Name of New Registered Agent:	Karely	n Alva	<u> </u>	···	
New Registered Office Address:	703 r	Pinter Florida sti	reet address		
	<u>Lehigh</u>	n ACYCS	Florida	339 - Zip Cod	$\frac{1}{e}$
Non- Degistered Agent's Signature if shanning D	agistamad Agamts	~~·yr		Sign Sinti	•

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>	Name	Address	Type of Action
	Karelyn Alvat	ez 703 neil Ave N	lehigh stadd
,		Acres F1 33971	
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	ock does not meet the applicat	o date of filing or more than 90		
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