L23000048660

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Luminous Truestments LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Lucy Patricia Moreira Name of Person
Firm/Company
3103 9th St SW Address
Lehigh Acres FL 33976 City/State and Zip Code Leminous tours 76 amail. Com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
LUCY Patricia Moreira at (832) 898-0401 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐ \$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF	23 SER 20 M.
LIMINOUS TOURSTMENTS LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
Organization for this Limited Liability Company were filed on $1/26/23$	and assign

(A Florida Limited Liabili	ty Company)
The Articles of Organization for this Limited Liability Company were Plorida document number <u>L2300048660</u>	e filed on $1/26/23$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability LUMINOUS BOAT TOURS LLC The new name must be distinguishable and contain the words "Limited Liability Contains the words "Limited Liability Liabilit	company here: 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 addragent and/or the new registered office address here:	ress on our records, enter the name of the new registered
Name of New Registered Agent: New Registered Office Address: Lehigh A	Patricia Moreira 9th St SW Enter Florida street address City Florida 33976 Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as provibeing filed to merely reflect a change in the registered office adecompany has been notified in writing of this change.	formance of my duties, and I am familiar with and pided for in Chapter 605, F.S. Or, if this document is

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>	Address	Type of Action	
			□Add	
			□Remove	
			□Add	
		<u> </u>	□ Remove	
			□Add	
			□Remove	
			☐ Change	
			□Remove	
			□Change	
			□Add	
			□Remove	
			□ Change	
			□Add	
			□Remove	

_____ □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:
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 September 6th, 2023.
Signature of a member or authorized representative of a member
Typed or printed name of signee