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COVER LETTER

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TO:

TO: Registration So Division of Cor			
SURJECT: LU	icky X LLC Name of Lin		
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.	
		-	
	Khore	en Muatsaka Name of Person	nyah
Please return all correspondence concerning this matter to the following: Khoren Maratsakanyah			
	2313 Braen	Burn Cis	
	T //)	Address	9
	10 Wehess	City/State and Zip Code	
For further information c		·	Tication)
Name o	f Person	at () Area Code Davtime	e Tetenhone Number
Enclosed is a check for t	ne following amount:		,
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration Sec	ction
Division of C		Division of Corp	
P.O. Box 632		The Centre of T	
Tallahassee, I	FL 32314	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2023 MAY -9 PM 1:5,

The Articles of Organization for this Limited Liability Company Florida document number 423000156464 .	were filed or <u>Masch 28.2093</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	400 Capital Circle SE, Unit 13
(Principal office address MUST BE A STREET ADDRESS)	400 Capital Circle SE, Unit 13 Tallahassee FL 32301
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent: 450 N New Registered Office Address: 400 Cap	W 72 ND Ave Tower Ista 455#10056 ital Circle SE Unit 13 Received Enter Florida street address,
New Registered Agent's Signature, if changing Registered Agent:	Miami FL 33126

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 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
			☐Change
			□Add
			□Remove
			□Change
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		. 1015	Remove
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Effective date, if other than the date of filing: If an effective date is fisted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 0207. Nate: If the date inserted in this block does not neet the applicable statutory filing requirements, this date will not be listed as a document's effective date on the Department of State's records. 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 rid is filed. Dated S/9/2023 Signature of smember or authorized representative of a member **Washand Management** **Washand Management** **Washand Management** **Typed or printed name of signey**		
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Signature of a/member or authorized representative of a member		
		Signature of a member or authorized representative of a member

Filing Fee: \$25.00