## L23000 287 997

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(Address)	
,	
(Address)	
(City/State/Zip/Phone #)	
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## **COVER LETTER**

Registration Section

**Division of Corporations** 

TO:

SUBJECT: Luciemaga	Enterprises, LLC	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Juan Montoya	Name of Person		-
	,			
	Luciemaga Enterprises, Ll	Firm/Company	•	_
	PO Box 15662			
	FO DOX 1.0002	Address		_
	West Palm Beach, FL 334	16		
	West Faint Death, FE 334	City/State and Zip Code		
	JEMSvcs57@gmail.com			. 25
	E-mail address: (	to be used for future annual report noti	fication)	
For further information e	oncerning this matter, please c	all:		
Juan Montoya		at (561 ) 220-8244		
Name o	d'Person	Area Code Daytim	e Telephone Numbe	:r
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Status &
Mailing Addres Registration S	Section	Street Address: Registration Se		
Division of C P.O. Box 632	-	Division of Cor The Centre of T		
Tallahassee,		2415 N. Monro		810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Luciemaga Enterprises, LLC

(Name of the Limited Liability Compar (A Florida Limited L	iy as it now appears on our reliability Company)	cords.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000287997</u>	were filed on June 14, 2023	3	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
The new name must be distinguishable and contain the words "Limited Liability Limited Liability	ty Company," the designation	"LLC" or the abbrevi	ation "L.L.C."
Enter new principal offices address, if applicable:		/ 100	23
(Principal office address MUST BE A STREET ADDRESS)		-	<u> </u>
		<del>-</del> ,	
			<u>い</u> い
Enter new mailing address, if applicable:		<u>.</u>	· ·
(Mailing address MAY BE A POST OFFICE BOX)			
			<u> </u>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>er</u>	nter the name of	the new registere
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street a	I.E.	<del></del>
	enter Florida street d	aaress	
<del></del>	City	_, Florida Z	ip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pheing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my dutie provided for in Chapter 6	es, and I am fami 505, F.S. Or, if th	liar with and iis 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
AMBR	Samantha Montoya	3554 Lake Worth Road	
		Palm Springs, FL 33461	□Remove
			☐ Change
			□Add
		□Remove	
		□Change	
			□Add
			Remove
			Change
			EJAdd ———————————————————————————————————
			□Change
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			[]Change
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		<u>.</u>
ffective date, if other than the date of filing:	ptional) fter filing.) Pt this date wil	irsuant to 605,020 I not be listed a
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 1 is filed.	(h) The 9	0th day after the
Pated 7/19/2023		
Signature of a member or authorized representative of a member		

Filing Fee: \$25.00