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## **COVER LETTER**

TO: Registration Se Division of Corp			
LUMINAR SUBJECT:	Y STATE INVESTMENT GR	OUPLLC	
SUBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of .	Amendment and fec(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	CHANDRADATT MANC	GRA	
		Name of Person	
		Firm/Company	<del></del>
	121 SANFORD RD		
	CENTEREACH, NY 1172	Address	
		City/State and Zip Code	
		HNOLOGIES@GMAIL.COM	
For further information of	E-mail address: ( oncerning this matter, please c	to be used for future annual report no	tification)
CHANDRADATT MAN		631 389-8124	
·	f Person	at ()	ne Telephone Number
		·	
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fec	☐ \$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 Addres		Street Address:	oction
Registration S		Registration S	

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## LUMINARY STATE INVESTMENT GROUP LLC

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

The Articles of Organization for this Limited Florida document number 1.23000352072	Liability Company 	were filed on United	and assigned
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liab	ility company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	1"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	102 White Birch Dr	
(Principal office address MUST BE A STREET ADDRESS)		Kissimmee, FL 34743	~3
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		102 White Birch Dr	
		Kissimmee, FL 34743	- <u></u>
B. If amending the registered agent and/or agent and/or the new registered office addr	<u></u>	address on our records,	enter the name of the new registered
Name of New Registered Agent:	CARLISLE V DUVAL		
New Registered Office Address:	102 WHITE B	IRCH DR  Enter Florida street	uddness
	KISSIMMEE		, Florida <sup>34743</sup>

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>	<u>Name</u>	Address	Type of Action
AMBR	GHITRE P SINGH	2458 Huntingdale Lane	
		Oviedo, FL 32765	<b>■</b> Remove
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Effective date, if other than the da If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depa	does not meet the appli	cable statutory filing	(optiona re than 90 days after fili requirements, this da	tl) ng.) Pursuant to 605.0207 (3 ntc will not be listed as th
ne record specifies a delayed effective da ord is filed.	ite, but not an effective	time, at 12:01 a.m. o	n the earlier of: (b)	The 90th day after the
_ August 13	2024	·		
Dated				
Dated August 13	mature of a member or aut	horized representative of	of a member	

ETTE ET GASO