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# **COVER LETTER**

	istration Sec ision of Corp					
SUBJECT:		tgage Group LLC				
SUBJECT.		Name of Lim	ited Liability Company			
The enclosed	Articles of A	Amendment and fcc(s) are sub	mitted for filing.			
Please return	all correspon	ndence concerning this matter	to the following:			
		JOSELIN CHIU				
Name of Person					-	
LUMOS MORTGAGE GROUP LLC						
			Firm/Company	· · · · · · · · · · · · · · · · · · ·		
	4474 WESTON RD SUITE 1135					2001 FEB 20
	Address				-	)Z 9.
		DAVIE, FL 33331				
			City/State and Zip Code		•	īΩ
		JCHIU@LUMOSMORTG/				23
		E-mail address: (	to be used for future annual report notif	ication)	,	
For further in	nformation co	oncerning this matter, please ea	all:			
JOSELIN CI	HIU		786 447-7042			
	Name of	F Person		e Telephone Number		
Enclosed is a	check for th	e following amount:				
■ \$25.00 F	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Fi Certifica Certified (additional	te of Sta Copy	tus &

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LUMOS MORTGAGE GROUP, LLC.	
(Name of the Limited Liability Compa (A Florida Limited)	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on 8/23/2023 and assigned
Florida document number L23000397445	
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:	JOSELIN I. CHIU
(Principal office address MUST BE A STREET ADDRESS)	4474 WESTON RD #1135 DAVIE, FL 33331
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
	12
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, enter the name of the new reg
New Registered Office Address:	Enter Florida street address
	, Florida

## New Registered Agent's Signature, if changing Registered Agent:

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>	Name	<u>Address</u>	Type of Action
MGR Auth2.NIDIL	JOSELIN I. CHIU	4474 WESTON RD #1135 DAVIE, FL 33331	■Add
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PLEASE ADD PRINCIPAL PER	RSON : JOSELIN 1. CHIU	(Authorized	Member)
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ective date is listed, the date must be If the date inserted in this block ent's effective date on the Depar	does not meet the applicabl	e statutory filing requireme	ays after filing.) Pursuant to 605 nts, this date will not be list
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d specifies a delayed effective da led.	te, but not an effective time	, at 12:01 a.m. on the earlie	er of: (b) The 90th day after
NOVEMBER I,	2023		
		(,)	
Sign	nature of a member or authoriz	ed-representative of a member	

Typed or printed name of signee