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(Re	questor's Name)	· · · · · · · · · · · · · · · · · · ·
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Division of C		·	
	eathers LLC		
SUBJECT:	Nume of Lim	ated Liability Company	
The enclosed Articles	of Amendment and feets) are sub	mutted for filing	
Please return all corres	spondence concerning this matter	to the following	
	Andrea Badaan		
		Name of Person	
		Firm Company	<u> </u>
	3906 W Plan St		
		Address	
		City State and Zip Code	
	Tampa, Fl. 33609	to be used for future annual report not	r Brendrow A
For further information	n concerning this matter, please c	•	
Andrea Badaan		813 263 -3100	
Nam	e of Person	Area Code Daytim	ne Telephone Number
Enclosed is a check fo	r the following amount.		•
≅ \$ 25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy raddmenal copy is melosed)	☐ 160 00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Malling Add Registratio		Street Address: Registration Se	ections
•	Corporations	Division of Co	
P.O. Box 6		The Centre of	
	e, FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lucas Leathers LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 10/05/2023 and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "ELC" or the abbreviation "LLC." 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 Personts) authorized to manage, enter the title, name, and address of each nerson, being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Titte	Name	Address	Type of Action
VMBr.	Andrea Bedaan	3906 W Platt Sr. Lumpa Fl. 33mOr	■A.U
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			. Add
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ective date, if other than the date effective date is listed, the date must be sp e: If the date inserted in this block di ument's effective date on the Departr	ies not meet the appl	icable statutory filin	ore than 90 days after ti g requirements, this c	nd) hng) Pursuant to 605.020 late will not be listed a
rord specifies a delayed effective date i filed	, but not an effective	time, at 12.01 a.m.	on the earlier of (b)	The 90th day after the
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