3/4/24, 2:48 PM

Division of Corporations

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(((H240000856713)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : WARD, DAMON & POSNER, P.A.

Account Number : 072262000447 Phone : (561)842-3000 Fax Number : (561)842-3626

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LUCRUM HOLDINGS, LLC

Certificate of Status	0
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Ha40000 856713 ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

LUCRUM HOLDINGS, LLC				
(Name of the Limited) (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)		**-	
The Articles of Organization for this Limited Liab	and	and assigned		
This amendment is submitted to amend the following				
A. If amending name, <u>enter the new name of th</u>	e limited liability company here:			
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" or the e: ADDRESS)	abbreviștio:	. <u></u>	."
Enter new principal offices address, if applicabl	e:	<u></u> Ac	<u> </u>	œr.
(Principal office address MUST BE A STREET A	ADDRESS)	<u> </u>	AR.	52 E11:
		<u>>`</u> A`.	+	3-21
		355	P#	
Enter new mailing address, if applicable:		m.		di ta . Cerata
Mailing address MAY BE A POST OFFICE BQ	(X)		05	
B. If amending the registered agent and/or regingent and/or the new registered office address h	stered office address on our records, <u>enter the na</u> i <u>ere</u> :	ume of the	new ro	<u>egiste</u>
Name of New Registered Agent:				
Name of New Registered Agent:				-
Name of New Registered Agent: New Registered Office Address:	Enter Florida street address			
	Enter Florida street address Florida			

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. Thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

H240000856713

Hamending 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

Title	Name	Address	Type of Action
MGR	JOSHUA CILANO	· · · · · · · · · · · · · · · · · · ·	□Add
			Remove
			□Change
			□Add
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E. Effective date. (If an effective date	is listed, the date m	iust be specific an	d cannot be prior	to date of filing or	more than 90 days	pptional) after filing.) Pursuant	to 605,0207 (3)(h
Note: If the da document's effe	e inserted in this ective date on the	block does not Department of	meet the applications State's records.	ible statutory fili	ing requirements.	, this date will not b	oe listed as the
	s a delayed effect	ive date, but no	ot an effective ti	me, at 12:01 a.m	, on the earlier o	f: (b) The 90th da	y after the
If the record specific record is filed. MARCI	14 200		2024				

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