

# L24000183201

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(Requestor's Name)

\_\_\_\_\_  
(Address)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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2014 OCT 25 PM 9:30  
SECURITY  
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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Casualty Digits LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Arkeyia D McCants  
Name of Person  
Casualty Digits  
Firm/Company  
550 N Eco St Suite 300  
Address  
Tampa, Florida 33609  
City/State and Zip Code  
Arkeyia.mccants@yahoo.com  
E-mail address: (to be used for future annual report notification)

2021 OCT 25 PM 9:30  
RECEIVED  
TALLAHASSEE

For further information concerning this matter, please call:

Arkeyia D McCants at (813) 278 3151  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee      ☐ \$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 Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
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**

Casualty Digits LLC

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

2024 OCT 25 PM 9:30  
SECRETARY OF STATE  
FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 04/18/2024 and assigned  
Florida document number L24000183201

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

LUX Financial Services LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

550 N Rco St

Suit 300

Tampa, FL 33609

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4920 W Cypress St

Suit 104 #5064

Tampa, FL, 33607

**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:

Arkeyia D M Ccants

New Registered Office Address:

4920 W Cypress St Suit 104 #5064

Enter Florida street address

Tampa

City

Florida

33607

Zip Code

**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.*

Arkeyia Mccants  
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>	<u>Address</u>	<u>Type of Action</u>
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E. Effective date, if other than the date of filing: 11/01/2024 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated October 18, 2024

Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member

Arkeyia McCants  
Typed or printed name of sign

Typed or printed name of signee