## 124000184303

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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## **COVER LETTER**

TO:

**Registration Section** 

Tallahassee, FL 32314

Division of Cor	porations		
Grayson C	ooper Design, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Grayson Hagan Cooper		
		Name of Person	<del></del>
	Lume and Hue		
	<del></del>	Firm/Company	
	89 Cody St.		
	Name of Person		
	Saint Augustine, FL 3208-	1	
		City/State and Zip Code	<del></del>
	• •		
Care Carela di Carana di Carana		·	incation)
	oncerning this matter, prease c		
Grayson Hagan Cooper			
Name o	f Person	Area Code Daytin	æ Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address:	ation
Registration S Division of C		Registration Se Division of Cor	
P.O. Box 632	-	The Centre of	-

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Grayson Coope (Name of the Limited Liah (A Flor	pility Company as it now appears or ida Limited Liability Company)	LLC nour records.)
The Articles of Organization for this Limited Liability Florida document number <u>L24000184303</u>	Company were filed on April	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the li</u>	mited liability company here:	
Lume and Hue, LLC		
The new name must be distinguishable and contain the words "L	imited Liability Company," the desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here		rds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida	street address
		, Florida
	City	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.

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
			□Add
			□ Remove
		<del> </del>	□Change
			□ Add
			Remove
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fective date, if	other than the da	te of filing:	1/2025		((	optional)	
te: If the date i	listed, the date must be nscrted in this block	does not meet t	he applicable	ate of filing or me statutory filing	ore than 90 days g requirements	after tiling.) Fu , this date wil	rsuant to 605.0207 I not be listed as
cument's effecti	ve date on the Depa	rtment of State's	s records.				
	delayed effective d	ate, but not an ef	ffective time.	at 12:01 a.m. o	on the earlier o	f: (b) The 90	)th day after the
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is filed.	Drai Sig	20 Instruction of a member	H. C	o DOP-L d representative	of a member	<u> </u>	?n?5

Filing Fee: \$25.00