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TALLAHASSEE, FL



## **COVER LETTER**

SUBJECT: Luc	Name of Lim	arketing LLC ited Liability Company	
	Amendment and fee(s) are sub	-	
	Gabriella	Name of Person	
	Lucky C	at Marketin Firm/Company	ighte
	3301 Nor	th University Address	Drive, Suite 100-115h
	Coral Sprin	City/State and Zip Code	33065
	LuckyCatd E-mail address: (1	isitalmarketi to be used for future annual report noti	ns@gmail.com
Gabriella Name of	Pellot  Person	all:at ( <u>954</u> ) 397. Area Code Daytim	ng@gmail. CARETARY OF STATE  Telephone Number
Enclosed is a check for the	e following amount:		, W
S25.00 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)
		9	

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section Division of Corporations

TO:

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

Lucky Cat Marketing LLC

(A Florida I	Limited Liability Company)
The Articles of Organization for this Limited Liability Con Florida document number <u>Layooaloaloaloaloa</u>	mpany were filed on July 3; 2024 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
The new name must be distinguishable and contain the words "Limite	ed 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 ADDRE	3301 North University Drive Suite 100 - 1154 Coral Springs, FL 33065
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	3301 North University Drive Suite 100 - 1154 FR F Coral Springs, FL 3350555
B. If amending the registered agent and/or registered agent and/or the new registered office address here:  Name of New Registered Agent:	office address on our records, enter the name of the new registers
New Registered Office Address: 3301	North University Drive, Suite 100-115 Enter Florida street address
Core	Springs, Florida 33065  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 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
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date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after file date inserted in this block does not meet the applicable statutory filing requirements, this	date will not be listed as the
effective date on the Department of State's records.	严禁
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ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b)	The 90th day after the
Signature of a member of authorized representative of a member  Gabriella Pellot  Typed or printed name of signee	
Signature of a member of authorized representative of a member	···-
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