L25000007832

(Requestor's Name)	
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P WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certificates of S	Status
s to Filing Officer.	
	(Address) (Address) (City/State/Zip/Phone #) WAIT (Business Entity Name) (Document Number) Certificates of State Processing State Proces

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TO:

TO: Registration Se Division of Cor			
	ARVEST 239 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	ondence concerning this matter	to the following:	
	Ramon Amable Burdier		
		Name of Person	
		Firm/Company	
	2250 Avocado Lane		
		Address	
	Naples, FL 34120		
	_	City/State and Zip Code	
	burdiernaples@icloud.com		
For further information c	E-mail address: (oncerning this matter, please c	to be used for future annual report no all:	nification)
Ramon Amable Burdier		786 630-7858	
Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is a check for the	ne 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 Addres Registration S		Street Address: Registration S	ection
Division of C	Corporations	Division of Co	orporations
P.O. Box 632		The Centre of	
Tallahassee, l	FL 34314	Z413 IN. MODI	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LUCKY HARVEST 239 LLC					
(<u>Name of the Limited</u> (A	Liability Compan Florida Limited Li	y as it now appears on iability Company)	our records.)		
The Articles of Organization for this Limited Liab Florida document number 125000007832	oility Company v	were filed on $\frac{01/0.3/2}{}$	2025	and ass	igned
This amendment is submitted to amend the follow	ring:				
A. If amending name, enter the new name of the	he limited liabil	lity company here:			
The new name must be distinguishable and contain the wor	ds "Limited Liabili	ty Company," the design	nation "LLC" or the	abbreviation *1 2025	IC."
Enter new principal offices address, if applicab	le:				
Principal office address MUST BE A STREET	ADDRESS)			LA JAN	
				HAS	1 7 7 7
Enter new mailing address, if applicable:				SEE, I	<u>.</u>
Mailing address MAY BE A POST OFFICE BO	<u>2X)</u>			<u> </u>	<u>v</u>
B. If amending the registered agent and/or reg agent and/or the new registered office address	,	ddress on our reco	rds, <u>enter the na</u>	me of the nev	v registered
Name of New Registered Agent:	RAMON AMAI	BLE BURDIER			
New Registered Office Address:	2250	AUUCA DO Enter Florida s		_	
	0/1	4-1165	Florida	3# 3	34120

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
MGR	RAYMOND A BURDIER	2250 AVOCADO LANE	
		NAPLES, FL 34130	
		<u>. </u>	□ Change
MGR	RAMON AMABLE BURDIER	2250 AVOCADO LANE	■Add
	NAPLES, FL 34120	□Remove	
			□Change
	.		🗀 Add
			□Change
			□Add
			□ Remove
			Change
			□Add
			Change
		 	
			□Remove
			□Change

<u>.</u>

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	01/13/2025
ffectiv	te date, if other than the date of filing: (optional) tive 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 605.020
<u>Sote:</u> 1	f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
locume	nt's effective date on the Department of State's records.
record d is file	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 d.
J Dated _	ANUARY 13 2025
	Signature of a member or authorized representative of a member
	J Signature of a member of authorized representative of a member
	RAMON AMABLE BURDIER
	Typed or printed name of signee

Filing Fee: \$25.00