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JAN 1 9 2016 S. YOUNG

COVER LETTER

ŤO:	Registration Se Division of Co					
SUBJI	ECT:	LUYN wood Name of Lim	Spa (Q) 2 UC ited Liability Company			
The en	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please	return all correspo	ondence concerning this matter	to the following:			
		<u>Yanına K</u>	Mame of Pelson			
		Janina M	l'i Cultari PA Firm/Company			
		20801 BIS	cayne Bud, # 306		16 JAN	
		Aventura	Fl 33160 City/State and Zip Code		35.5	FILES
				14		ख
		E-mail address: (MICULITZY LAW CO to be used for future annual report notif	ication)	PH 3: 34	
For fur	ther information of	concerning this matter, please ca	all:	د. -	H	
	<u> yanına</u>	Micultari, Es	3. at (³ 05) <u>450 -</u>	1061		
	Name o	of Person	Area Code Daytime	e Telephone Number		
Enctos	ed is a check for t	he following amount:				
ઇ \$2	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Certificate of Certified Co (additional cop	of Status &	

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

TO ARTICLES OF ORGANIZATION

(Name of the Limited Liabi	SPACS D. U.C. lity Company as it now appears on our records.) da Limited Liability Company)			
The Articles of Organization for this Limited Liability Florida document number				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability company here:				
The new name must be distinguishable and contain the words "Li	mited 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 ADD				
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>			
	34 DA			
B. If amending the registered agent and/or regregistered agent and/or the new registered office ad	istered office address on our records, <u>enter the name of the new</u> <u>dress here</u> :			
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, Florida			
	City Zip Code			
New Registered Agent's Signature, if changing Register	red 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

or removed from our records:

MGR = ' Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Cababie Daniel Elias	19950 w. county rubd	t Add
	, , , , , , , , , , , , , , , , , , ,	#900, Aventula 14 33160	Remove
			Change
M 66	Cababie Janiel Abaham	19950 W. LOUNKY CWbot	🗖 Add
		#900, Aventura, A 33180	Remove
			□ Change
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Effective date, if other the	an the date of filing:	(op	otional)
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	on the Department of State's records.		
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The 90th day after t		nective time, at 12.01	a.m. on the earner o
The Sour day diter t	ne record is med.		
Dated 1616	• •		
	Signature of a member or authorized re	presentative of a member	
	Younne Mice	utzlu, Esp	
	Typed or printed name	of cionad	

Page 3 of 3

Filing Fee: \$25.00