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## **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT: Luey 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:

Oscar Gastaudo

Name of Person

Luey LLC

Firm/Company

10773 NW 58th Street, #603

Address

Doral, FL 33178

City/State and Zip Code

oscar@gastaudo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Oscar Gastaudo

786<sub>)</sub>515-8229

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/COURIER ADDRESS:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Luey LLC	
(Name of the Limited Liability Cor	npany as it now appears on our records.) ted Liability Company)
The Articles of Organization for this Limited Liability Comp.  Florida document number L12000148707	
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 end with the words "L.L.C."	Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	10773 NW 58th Street Suite 603
	Doral FL 33178
B. If amending the registered agent and/or registered registered agent and/or the new registered office address  Name of New Registered Agent:	i office address on our records, enter the name of the new here:
New Registered Office Address:	
	Enter Florida street address; Florida  City  Zip Göde
New Registered Agent's Signature, if changing Registered Ag	ent: 

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 608, 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.

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	OSCAR GASTAUDO	7351 NW 111TH PLACE	
		DORAL FL 33178	Remove
			Remove
			Add
			Remove
			Add
			_ Remove
			_ Add
			Remove
<del></del>			_ Add
			Remove

	ter change(s) here: (Attach additional sheets, if necessary.) ess request for business mailing address change,		
and manager address c	and manager address change as stated at pages 1 of 3 and 2 of 3.		
Dated April 24th	2013		
Signature of	a member or authorized representative of a member		
Oscar Gastaudo			
	Typed or printed name of signee		
	Page 3 of 3		
	Filing Fee: \$25.00		