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COVER LETTER

TO: Registration Section
Division of Corporations

URIECT. Luan Investments, 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:

Heather Perry

Name of Person

MORAITIS, COFAR, KARNEY & MORAITIS

Firm/Company

915 Middle River Drive, Suite 506

Address

Fort Lauderdale, FL 33304

City/State and Zip Code

perridog4@aol.com

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

For further information concerning this matter, please call:

Heather Perry

954₃563-4163

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

Luan Investments, LLC		_
(Name of the Limited I	Liability Company as it now appears on our Florida Limited Liability Company)	records.)
The Articles of Organization for this Limited Lia	ability Company were filed on <u>March</u> 30	and assigned
Florida document number L0000003606		701' TA
This amendment is submitted to amend the follow	wing:	TALLAHASSEE.F
A. If amending name, enter the new name of	the limited liability company here:	P. P. P.
Luan Investments II, LLC		FLO
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company," the d	lesignation "IA for the abbreviatio
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	(ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u> </u>	
B. If amending the registered agent and/o registered agent and/or the new registered off	r registered office address on our reco ice address here:	rds, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florid	la 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 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.

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager MGRM = Managing Member Type of Action **Title** <u>Name</u> <u>Address</u> Remove Remove Remove Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Dated October 23 2013
Dailed
Signature of a member or authorized representative of a member
George R. Moraitis, Authorized Representative
Typed or printed name of signee
Page 3 of 3

Filing Fee: \$25.00

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