LU90000 77188

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EXAMINER



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EXAMINE

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



LUIZIANIA BA	₹C, LLC		J	
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears of ility Company)	n our records.)		
The Articles of Organization for this Limited Liability Company we Florida document number L09000077188		8/11/2009	_ and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabilit	y company here:			
The new name must be distinguishable and end with the words "Limited "L.L.C."	Liability Company,	" the designation "LLC	or the abbreviation	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office	e address on our	records, enter the	name of the new	
registered agent and/or the new registered office address here:				
Name of New Registered Agent:		•		
New Registered Office Address:				
ŀ	Enter Florida street address			
<u> </u>	City	, Florida	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	zu y		zip Coue	
I hereby accept the appointment as registered agent and agree the provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office ac	e performance of ovided for in Chap	my duties, and I am oter 608, F.S. Or, if i	familiar with and this document is	

X

company has been notified in writing of this change.

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager for Managing Member being added or removed from our records: MGR = Manager <MGRM = Managing Member</p> <u>Address</u> Type of Action Title <u>Name</u> BRASILIA, LLC 1101 BRICKELL AVE, #1103 MIAMI, FL 33131 MGR ✓ Add Remove ☐ Add ☐ Remove ŀ □ Add Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member GARY M. SINGER, AUTHORIZED REPRESENTATIVE Typed or printed name of signee

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