*L09000077296

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13 DEC 16 PM 2: 06
SILVALARCE FLORIDA

EXAMINER DEC 27 2013

COVER LETTER

TO:

Registration Section Division of Corporations

AN & LU GROUP, 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:

Gabriel Bodner

Name of Person

Nautilus Legal Services P.A.

Firm/Company

1444 Biscayne Blvd Suite 306

Address

Miami, FL 33132

City/State and Zip Code

ileder@nautiluslegal.com

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

For further information concerning this matter, please call:

Gabriel Bodner

at ($\frac{305}{\text{Area Code \& Daytime Telephone Number}}$

Name of Person

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

13 OEC 16 PH 2: 06

AN & LU GROUP, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited L Florida document number <u>L09000077296</u>	Liability Company w	ere filed on <u>8/11/2009</u>	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liabilit	y company here:	
The new name must be distinguishable and end w. "L.L.C."	ith the words "Limited	Liability Company," the c	designation "LLC" or the abbreviation
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STREI	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:	or registered offic	e address on our reco	rds, enter the name of the new
New Registered Office Address:	1444 Biscayne Blvd, Suite 306		
New Registered Office Address:	Enter Florida street address		
	Miami		, Florida <u>33132</u>
	-	City	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:		
I hereby accept the appointment as register the provisions of all statutes relative to the	proper and complet	e performance of my di	uties, and I am familiar with and

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

Page 1 of 3

If amending the Managers or Managing Members on our records, <u>enter the title</u>, <u>name</u>, <u>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
MGRM	Di Luciano, Antonio	11417 NW 122 St	Add
		Medley, FL 33178	Remove
			Remove
			Remove
			Add
			Remove
			Remove
		<u></u>	— _—
			Add

). Įf ar	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
ited _	Novamber 6, 2013.
	Signature of a member or authorized representative of a member
	Typed or printed name of signee
	D

Page 3 of 3

Filing Fee: \$25.00