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Office Use Only



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TO: Registration Se Division of Cor			
	GROUP LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	EDUARDO UGARTE		
		Name of Person	
	TAX EXPRESS USA, CO	RP	
		Firm/Company	
	9705 SW 132 CT		
		Address	
	MIAMI, FL 33186		
		City/State and Zip Code	
	LALOUGARTE@AOL.CO		5 2
	E-mail address: (to be used for future annual report notifi	cation)
For further information of	oncerning this matter, please ca	all;	PAR S
EDUARDO UGARTE		305 898-3061	ASSET 6
Name o	f Person		Telephone Number
Enclosed is a check for the	he following amount:		S. 7
□ \$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**

LUDINO LLC			
(Name of the Limi	ted Liability Company as it now a (A Florida Limited Liability Comp	appears on our records.) any)	
The Articles of Organization for this Limited L		on 08/11/2009 and assign	ed
Florida document number L09000077296	,		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, <u>enter the new name o</u>	of the limited liability compa	ny here:	
The new name must be distinguishable and contain the	words "Limited Liability Company,"	"the designation "LLC" or the abbreviation "L.L.C	., "
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STREET ADDRESS)		7A S 28	
	-	AH S	<u> </u>
Enter new mailing address, if applicable:		SSE 10	
(Mailing address MAY BE A POST OFFICE BOX)		FFC D	
B. If amending the registered agent and registered agent and/or the new registered of		ss on our records, enter the name of	the nev
Name of New Registered Agent:	EDUARDO UGARTE		
New Registered Office Address:	9705 SW 132 CT		
	Ente	er Florida street address	
	MIAMI	, Florida FL 33186	
	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 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

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR =	Manager	
AMRR =	Authorized	Membe

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	ANDREINA RANGEL	9705 SW 132 CT	≡ Add
		MIAMI, FL 33186	☐ Remove
•			☐ Change
			☐ Remove
			Change
			□ Add
			☐ Remove
		- · · · · · · · · · · · · · · · · · · ·	Change
			A CO A CO
			AHASSEE, FLORICA
			Remove
			Change
		-	
			□ Remove
			☐ Change

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	<i>y</i>	
(If an e Note:	ve date, if other than the date of filing: DECEMBER 30, 2016 (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed and ent's effective date on the Department of State's records.	207 (3)(b) as the
If the re (b) The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.	of:
Dated	DECEMBER 30, 2016	
	Signature of a member of authorized representative of a member	

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Filing Fee: \$25.00