

L10000022742

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000240004650

10/08/12--01020--012 **25.00

FILED
12 OCT -8 AM 11:35
CLERK OF STATE
TALLAHASSEE, FLORIDA

N. Culligan OCT - 9 2012

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LUAN PROPERTIES, 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:

MARIA E. TAPIA

Name of Person

LUAN PROPERTIES, LLC

Firm/Company

PO BOX 560254

Address

MIAMI, FL 33256

City/State and Zip Code

LUANPROPERTIES@GMAIL.COM

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

For further information concerning this matter, please call:

MARIA E. TAPIA

Name of Person

at (**305**)

969-2215

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**

FILED

12 OCT -8 AM 11:35

LUAN PROPERTIES, LLC

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

CLERK OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on MARCH 1, 2010 and assigned
Florida document number L10000022742.

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 "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

736 NW 2 ST

(Principal office address MUST BE A STREET ADDRESS)

MIAMI, FL 33128

Enter new mailing address, if applicable:

PO BOX 560254

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI, FL 33256

B. If amending the registered agent and/or registered office 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:

DOROTHY G. NEGRIN

New Registered Office Address:

782 NW LE JEUNE RD., SUITE 428

Enter Florida street address

MIAMI

, Florida

33126

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:

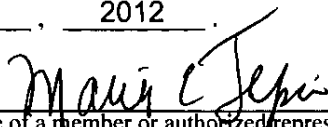
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	LUIS A. TAPIA	12541 SW 108TH AVE MIAMI, FL 33176	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	MARIA E. TAPIA	PO BOX 560254 MIAMI, FL 33256	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	LUIS A. GONZALEZ	PO BOX 560254 MIAMI, FL 33256	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

FILED
12 OCT -8 AM 11:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated OCTOBER 1, 2012



Signature of a member or authorized representative of a member
MARIA E. TAPIA

Typed or printed name of signee