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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : BERRIZ & GIRALDO P.A.
Account Number : J19990000017
Phone : (305) 485-9300
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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LUICLA, LLC.**

Certificate of Status	0
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Page Count	02
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D. BRUCE

MAY - 7 2010

EXAMINER

H1 00001114003

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Luicha, 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 Liability Company were filed on *May 6, 2010* and assigned Florida document number *L 10000029029*

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE, FLORIDA

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:

New Registered Office Address:

(Enter Florida 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.

CLARA GIRALDO P.A.
4080 SW 84 AVE SUITE C
MIAMI, FL 33155
(305) 485-9300

(If Changing Registered Agent, Signature of New Registered Agent)

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H100001114003.

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

Title	Name	Address	Type of Action
MGR	Idsardi, Luisana N	3029 NE 188 ST # 317 Aventura, FL 33180	☐ Add ☐ Remove
MGR	Nassif, Claudia	3029 NE 188 ST # 317 Aventura, FL 33180	☐ Add ☒ Remove
MGR	Nassif, Mounir	3029 NE 188 ST # 317 Aventura, FL 33180	☒ Add ☐ Remove
MGR	Nassif, Francesca	3029 NE 188 ST # 317 Aventura, FL 33180	☒ Add ☐ Remove
MGR	Masquera, Carlos	3029 NE 188 ST # 317 Aventura, FL 33180	☒ Add ☐ Remove
			☐ Add ☐ Remove

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

Delete: Nassif, Claudia (MGR)
Add: Nassif, Mounir (MGR)
Add: Nassif, Francesca (MGR)
Add: Masquera, Carlos (MGR)

Dated May 6, 2010

Luisana Idsardi

Signature of a member or authorized representative of a member

Luisana N. Idsardi

Typed or printed name of signee

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