# 111000015246

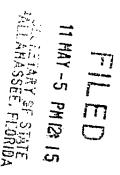
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D. BRUCE
MAY 0 6 2011
EXAMINER

# **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: LUIKEVAND LoLoC  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:
Maritza Simauchi Name of Person
LUIKEVAND L.L.C.
10050 5.W. 124 Arcle
Miami Plouph 33186 = T
LILIANG 459 @ GMAIL. COM
For further information concerning this matter, please call:
Marita Simauchi 1305, 303-8966 55
Name of Person  Area Code & Daytime Telephone Number  Enclosed is a check for the following amount:  \$\sum_{\text{\$\sum_{\text{\$\cute{25.00}}}}\$} \frac{1}{\text{\$\sum_{\text{\$\cute{25.00}}}}} \frac{1}{\text{\$\sum_{\text{\$\cute{25.00}}}}} \frac{1}{\text{\$\sum_{\text{\$\cute{25.00}}}}} \frac{1}{\text{\$\sum_{\text{\$\cute{25.00}}}}} \frac{1}{\text{\$\sum_{\text{\$\cute{25.00}}}}} \frac{1}{\text{\$\cute{25.00}}}} \frac{1}{\text{\$\cute{25.00}}} \frac{1}{\text{\$\cute{25.00}}}} \frac{1}{\text{\$\cute{25.00}}}} \frac{1}{\text{\$\cute{25.00}}} \frac{1}{\text{\$\cute{25.00}}}} \frac{1}
Certificate of Status  Certified Copy (additional copy is enclosed)  Certificate of Status & Certified Copy (additional copy is enclosed)  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

LUIKEVAI	ND L.L.C
(Name of the Limited Liabil	ity Company as it now appears on our records.  a Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number <u>L1100001524</u>	Company were filed on February 4th 2011 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the li	mited liability company here:
The new name must be distinguishable and end with the w"L.L.C."	vords "Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADI	DRESS)
Enter new mailing address, if applicable:	60 A
(Mailing address MAY BE A POST OFFICE BOX)	The state of the s
	<u> </u>
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	istered office address on our records, <u>enter<sup>®</sup> the name of the new</u> <u>ldress here</u> :
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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member					
<u>Title</u>	Name	Address	Type of Action		
			Add Remove		
	<u></u>		Add Remove		
			Add Remove		
<del>1. · · · · · · · · ·</del>			Add Remove		
			Add Remove		
<del></del>	<del></del>		Add Remove		
D. If amend	Please Remove	e(s) here: (Attach additional sheets, if necessary.  LUIS A SIMAUCH! JR.	) **** <b>-</b>		
_	as a Manager He Should be ad	ded as a Member of	THAY -5 F		
Dated	<u>5/1/2011, 20</u>	<u> </u>	TEST TO TO		
	MA,	or authorized representative of a member  RIT 7A SIMAUCHI  or printed name of signee			

Page 2 of 2

Filing Fee: \$25.00