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COVER LETTER

Division of Corporations	
SUBJECT: LARYLUK, 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:	
GLORIA NOEMÍ CHENLO	
Name of Person	
LARYWE, LIC	
Firm/Company	
200 Sulvy tolor Dist of 1502	
200 SUNNY Isles BLUD # 1503	
SUNNY ISLES PEACH, FL, 33160 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
NEC 2016	
SLORIA NOELLI CHENLO at (305) 7/3 - 707 FR F	
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Enclosed is a check for the following amount:	O
\$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee	
Certificate of Status Certified Copy Certificate of Status & Cadditional copy is enclosed) Certified Copy	
(additional copy is enclosed)	

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

ţ.

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LARYLUK, I	1-C
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compar	by were filed on $\frac{07/21/2011}{2011}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lis	ability company here:
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	200 SUNNY Isles BLUD \$ 150.
(Principal office address MUST BE A STREET ADDRESS)	SUNNY ISLES DEACH, FL, 33160
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	200 SUNNY ISLES DLUD \$ 1503 SUNNY ISLES BEACH, FL, 33 160 office address on our records, enter the name of the new ere:
Name of New Registered Agent: GLOR	LA NOEM CHENED
New Registered Office Address: 200 5	Enter Florida street address
SUNNY 15	SLES BEACH , Florida 95160
New Registered Agent's Signature, if changing Registered Agen	E S F S F S F S F S F S F S F S F S F S
provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	s provided for in Chapter 605, F.S. Or, if this document is

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 = N $AMBR = N$	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address 200 Suwy Sles Blud, * 1703	Type of Action
MGR	GLORIA NOEMI CHENLO GLORIA NOEMI SCHAMY	Address 200 SUNNY ISLES BLUD, *1703 SUNNY ISLES BEACH, FL, 33460 2950 NE 188779 ST #416	Add
	Gloria Notion	AVEN HM, FL, 33180	Remove
	SCHAMY		Change
			Add
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Page 3 of 3

Filing Fee: \$25.00