L12000027685

(Rec	questor's Name)	
(Add	lress)	
(Add	dress)	
(City	//State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bus	iness Entity Nar	me)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	

Office Use Only



100248483911

06/03/13--01004--010 **25.00

2013 JUN -3 PM 1: 42
SEGRICIANY OF STATE
NUCESSES FLORES

JUN - 4 2013 J. BRYAN

COVER LETTER

TO: Registration Section
Division of Corporations

LULAV 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:

JOSE NICENBOIM

Name of Person

ZET GROUP CORP

Firm/Company

20900 NE 30TH AVE - SUITE 200-27

Address

AVENTURA, FL - 33180

City/State and Zip Code

JN@ZETGROUPCORP.COM

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

For further information concerning this matter, please call:

JOSE NICENBOIM

at (305)960-1197

Name of Person

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)

13 JUL -3 PH 1:42

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

LULAV 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 02/27/2012	and assigned
Florida document number L12000027685	•	T 1
This amendment is submitted to amend the following:		W T
A. If amending name, enter the new name of the limited liabil	lity company here:	3 9
The new name must be distinguishable and end with the words "Limite "L.L.C."	ed Liability Company," the designation "I	LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	20900 NE 30th Ave, suite 200)-27
(Mailing address MAY BE A POST OFFICE BOX)	Aventura, FI - 33180	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here Name of New Registered Agent:		the name of the new
New Registered Office Address:		
New Registered Office Address.	Enter Florida street ado	lress
	. 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, 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>	Type of Action
MGR	MIZRAHI, MARCOS	18851 NE 29TH AVE 402 AVENTURA, FL 3318	30 Add
			Remove
MGR	SZPEKMAN, CESAR M	18851 NE 29TH AVE 402 AVENTURA, FL 3318	Add
			Remove
MGR	VERCO MANAGEMENT, LLC	20900 NE 30TH AVE SUITE 200-27, AVENTURA. FL 33	180 🚺 Add
			Remove
		SEGRETARIA ATTACAMENTAL ATTACAMENTA ATTACAMENTA ATTACAMENTAL ATTACAMENTA ATTACA	Add
		E THE SECOND SEC	Kenove
		100 mg	Add
			Remove
			Add
			Remove

D. If amending any other infor	mation, enter change(s) here: (Attach additional sheets, if necessary.)
· .	
MAY 22	2013
	Villice Delle
	Signature of a member or authorized representative of a member
JOSE NICEN	NBOIM
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

#119 JUN -3 PM 1: 48