

L12 000043197

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

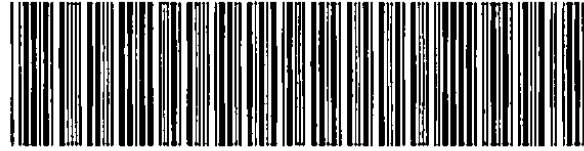
(Business Entity Name)

(Document Number)

Additional Copies _____ Certificates of Status _____

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01/28/21--01004--019 **25.00

2021 JAN 28 AM 9:14
OFFICE

3/13 R

Registration Section
Division of Corporations

CT: AMENDMENT → LUTOFEE LLC.
Name of Limited Liability Company

(Formerly
BEACH CLUB 2704 LLC)

Enclosed Articles of Amendment and fees are submitted for filing.

Return all correspondence concerning this matter to the following:

DONALD KAHN ESQ.

Name of Person

KAHN & KAHN P.L.

Firm/Company

317-71ST STREET

Address

MIAMI BEACH, FLORIDA 33141

City/State and Zip Code

DONALD@GKMIAMILAW.COM

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

For further information concerning this matter, please call:

DONALD KAHN ESQ.

Name of Person

at (305)

Area Code

865-4311

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

TO
ARTICLES OF ORGANIZATION
OF

LUTOFE L.L.C.

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

Articles of Organization for this Limited Liability Company were filed on _____ and assigned
document number _____.

Amendment is submitted to amend the following:

Changing name, enter the new name of the limited liability company here:

_____ name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

new principal offices address, if applicable:

Principal office address MUST BE A STREET ADDRESS

new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX

**Changing 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

Registered Agent's Signature, if changing Registered Agent:

I 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
understand the obligations of my position as registered agent as provided for in Chapter 605, 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

2021
MAY 14
AM 9:14

= Manager
= Authorized Member

	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
	ADRIAN CHIRO TARRAB -	JUAN JOSE PASO	<input type="checkbox"/> Add
		1055 MARTINEZ	<input checked="" type="checkbox"/> Remove
		Buenos Aires Argentina	<input type="checkbox"/> Change
	VIVIANA CHIRO TARRAB -	AVENIDA LIBERTADOR	<input type="checkbox"/> Add
		4444 - 2 floor Ciudad	<input checked="" type="checkbox"/> Remove
		Buenos Aires, Argentina	<input type="checkbox"/> Change
R	RUBEN JORGE KLANG -	TERI 535 (AA 300)	<input checked="" type="checkbox"/> Add
		Montevideo, Uruguay	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
R	ANDREA RAQUEL HENEN	TERI 535 (AA 300)	<input checked="" type="checkbox"/> Add
		Montevideo, Uruguay	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

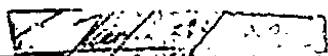
ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Effective date, if other than the date of filing: _____ (optional)

If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the member's effective date on the Department of State's records.

word specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filing.

1. _____ Jan 22 2021 _____



Signature of a member or authorized representative of a member

GUSTAVO CHIRO TERRAZ

Typed or printed name of signee