L12000043197

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COVER LETTER

	ration Sec n of Corp			
enoneze.	LUTO FE.	LLC		
ոսոււգ ։ . <u></u>		Name of Lin	ited Clability Company	
The enclosed Ar	ticles of z	Amendment and fee(s) are sub	omitted for filing.	
Please return all	correspor	idence concerning this matter	to the following:	
		DONALD KAHN, ESQ.		
			Name of Person	
		KAHN & KAHN P.L.		
			Firm/Company	
		317 - 71ST STREET		
			Address	
		MIAMI BEACH, FLORII	33141	
		DONALD@KAHNANDK	City/State and Zip Code AHN.LAW	
		E-mail address: (to be used for future annual report not	fication)
For further infor	mation co	neerning this matter, please e	all:	
DOANLD KAH	IN, ESQ.		305 865-4311	
	Name of	Person	at () Area Code Daytin	e Telephone Number
Enclosed is a ch	eck for the	e following amount:		
■ \$25.00 Filin	g 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)
	2 Address		Street Address:	
	ration S	cetion	Registration Se	ction

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

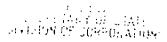
ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION COMPURATION OF 21 APR 12 PM 4: 25

LUTOFE LLC		
(<u>Name of the Limited Liability C</u> (A Florida Li	Company as it now appears on our records imited Liability Company)	<u>.</u> }
The Articles of Organization for this Limited Liability Con Florida document number <u>L12000043197</u>		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d 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 ADDRES	<u>ss)</u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, <u>enter t</u>	he name of the new registered
Name of New Registered Agent:		
		**
New Registered Office Address:	Enter Florida street address	
	Fla	rida
	City	rida Zip Code
New Registered Agent's Signature, if changing Registered A	<u>Agent:</u>	
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compacted the obligations of my position as registered agent being filed to merely reflect a change in the registered accompany has been notified in writing of this change.	iplete performance of my duties, and nt as provided for in Chapter 605, F	d Lam familiar with and F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

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 = Manager AMBR = Authorized Member



<u>Title</u>	Name	Address 21 AFR 12 PH 4: 25 Type of Action		
MGR	CARLOS RIPOLI.	MARCOS PAZ 456 VILLA	= Add	
		SARMIENTO HAEDO	□Remove	
		C P 1706	□Change	
			□Add	
			□Remove	
			☐ Change	
			□Add	
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<u>e:</u> If the date in	other than the date of filing: April 6 ZeZ/ (optional) isted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60; isserted in this block does not meet the applicable statutory filing requirements, this date will not be list be date on the Department of State's records.	5.02) ted (
cord specifies a os filed.	delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	r th
ed	April 6th 2021 made Alah Es	
	Signature of a member or authorized representative of a member	
	DONNED KALNESO	

Filing Fee: \$25.00