

L12 000 043 197

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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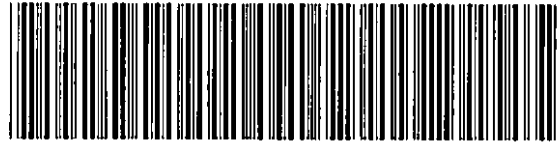
(Business Entity Name)

(Document Number)

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24 MAY 14 PM 1:32
CLERK OF DISTRICT COURT
STATE OF FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LUTOFE 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:

DONALD KAHN, ESQ

Name of Person

KAHN AND KAHN P.L.

Firm/Company

1133 NORMANDY DRIVE

Address

MIAMI BEACH, FLORIDA 33141

City/State and Zip Code

DONALD@KAHNANDKAHN.LAW

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

For further information concerning this matter, please call:

DONALD KAHN, ESQ

at (305) 865-4311

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)

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

LUTOFE 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 03/28/2012 and assigned
Florida document number L12000043197.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

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STATE OF FLORIDA

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending 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

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 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

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	NASARA INVESTMENTS CORP	1800 SOUTH OCEAN DRIVE	<input type="checkbox"/> Add
		HALLANDALE, FL 33009	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
DIR	RUBEN JORGE, KLANG	TERI 535 AA 300	<input type="checkbox"/> Add
		MONTEVIDEO UY	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
DIR	ANDREA RAQUEL, HENEN	TERI 535 AA 300	<input type="checkbox"/> Add
		MONTEVIDEO UY	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	GUSTAVO RAFAEL TARRAB	LAVALLE 2543 - MARTINEZ	<input checked="" type="checkbox"/> Add
		SAN ISIDRO - BUENOS AIRES	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DANIEL TARRAB	LAVALLE 2543 - MARTINEZ	<input checked="" type="checkbox"/> Add
		SAN ISIDRO - BUENOS AIRES	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 4/20/24 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Dated: 4/26/24

Signature: [Signature]

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee or other court appointed fiduciary by that fiduciary)

GUSTAVO RAFAEL CHIRO TARRAB

(Typed or printed name of person signing)

AmBR

(Title of person signing)