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D. BRUCE

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EXAMINER

COVER LETTER

TO: Registration Division of C			
SUBJECT:	Lucayan C	Coast Capital LLC	
		ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sul	bmitted for filing.	
Please return all corres	pondence concerning this matter	r to the following:	
		John Nadjafi	
		Name of Person	
	;	Shutts & Bowen LLP	
		Firm/Company	
	300 Sout	h Orange Avenue, Suite 10	000
		Address	
		Orlando, FL 32801	
		City/State and Zip Code	
	H-mail address:	rnadjafi@shutts.com to be used for future annual report notif	region)
For further information	concerning this matter, please		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	John Nadjafi	at (407)	835-6726
Name	of Person	Area Code & Daytim	e Telephone Number
Enclosed is a check for	the following amount:		
\$25,00 Filing Fee	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclose

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

<u> </u>	icayan Coast	Capital LLC			
(Name of the Limited	Liability Company Florida Limited Lie	as it now appears bility Company)	on our records.)	
The Articles of Organization for this Limited L Florida document numberL1200005		vere filed on	4/19/2012	and ass	gned
This amendment is submitted to amend the foll	owing:				
A. If amending name, enter the new name o	f the limited liabil	ity company here	:		
The new name must be distinguishable and end wi "L.L.C."	th the words "Limite				
Enter new principal offices address, if applic	able:	4498 Orland	AlaPaya	Tapel ju	N. + +248
(Principal office address MUST BE A STREE	ET ADDRESS)	Or land	1. FL 3	,1826	
Enter new mailing address, if applicable:		(Same	As AB	ove)	SEGRE TALLAH
(Mailing address MAY BE A POST OFFICE	BOX)				CT 22 RETAIL
B. If amending the registered agent and/ registered agent and/or the new registered of Name of New Registered Agent:	Mice address here:			ter the name o	
		ange Avenue,			
New Registered Office Address:	355 55411 61		er Florida street	address	
	C	Orlando	, Florida	32801	1
		City		Zip Code	
New Registered Agent's Signature, if changing I	Registered Agent:				
I hereby accept the appointment as registere	d agent and agree	to act in this ca	pacity. I further	r agree to comp	ly 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

Page 1 o.

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>	Name	Address	Type of Action
MGRM	Hadi Fakhoury	270 6th ave, apt 16ue, unit 1704	Add
	•	New York NY 10014	Remove
MGRM	Michael Stuart	155 s court ave, unit 1704	Add
		orlando, fl 32801	Remove
MGRM	Mike Flynn	4498 Alafaya trail, unit 248 orlando, fl 32826	Add Remove
MGRM	M&H Capital Holdings LLC	4498 Alafaya trail, unit 248 orlando, fl 32826	FILED FILED 12 OCT 22 PM SECRETARY SEC. F TALLAMASSEC. F
MGRM	Steven Stempel	4498 Alafaya trail, unit 248 orlando, fl 32826	Remove
MGRM	Ivan Isolica	4498 Alafaya trail, unit 248	✓ Add
	Address (orlando, fl 32826	√ Remove

amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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	M
	Signature of a member or authorized representative of a member
	Had Fakhory
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

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