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COVER LETTER

то:	Registration Security Division of Cor			
SURJE	LUDMELJ	U INVESTMENT GROUP, LI	.C	
50001		Name of Limi	ted Liability Company	
The enc	closed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		THAMARA PEREZ		
			Name of Person	
		TABADESA ASSOCIATI	:S	
			Firm/Company	
		419 W 49 ST, STE 111		
			Address	
		HIALEAH, FL 33012		
			City/State and Zip Code	
		TAMMYP@TABADESA.C		
		h-mail address; (t	o be used for future annual report notific	ation)
For furt	her information co	oncerning this matter, please ca	ill:	
ТНАМ	ARA PEREZ		305 558 - 0622 at () Daytime T	
	Name of	Person	Area Code Daytime T	elephone Number
Enclose	d is a check for th	e 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LUDMELJU INVESTMENT GROUP,	•	
(<u>Name of the Limited I.</u> (A.F	iability Company as it now appears on our records.) lorida Limited Liability Company)	·
The Articles of Organization for this Limited Liabil	lity Company were filed on 04/25/2012	and assigned
Florida document number L12000055702		
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO	<u> </u>	
		
B. If amending the registered agent and/or registered agent and/or the new registered office		er the nature of the n
registered agent and on the new registered office	addits nere.	E E
Name of New Registered Agent:		29
New Registered Office Address:	Enter Florida street address	
	, Florida	2: 2: 5:40
-	, Florida	Zin 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>	Type of Action
MGR	CARLOS IMAZIO	419 W 49TH ST	■ Add
	111	☐ Remove	
	HIALEAH, FL 33012	Change.	
	_	Add	
			□ Remove
			Change
			Add
			□ Remove
			Change
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			Change

		
		
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ffective date, if other than the date of f an effective date is listed, the date must be specifi	filing:	(optional) 90 days after filing.) Pursuant to 605.02
ote: 11 the date inserted in this block does in the Department ocument's effective date on the Department	not meet the applicable statutory filing require of State's records.	ements, this date will not be listed a
e record specifies a delayed effective. The 90th day after the record is fil	ve date, but not an effective time, a led.	t 12:01 a.m. on the earlier ϵ
DECEMBER 15	2017	
		ವ್ಯಾಪಿತ ಕಷ್•.
J'homic Gionature	of a member or authorized representative of a men	aber 7
THAMARA PEREZ	o. a memoer by anytomico representative of a filely	FIL. DEC 29 EIANT WHASSE
	Typed or printed name of signee	أست وحسانا الماسية
	Typed or printed name of signee	100 PM (100 PM

Filing Fee: \$25.00