

L12000084944

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

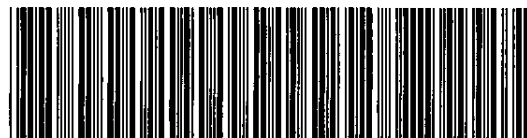
(Business Entity Name)

(Document Number)

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NOV 04 2014
J. BRUCE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LPU INVESTMENTS, 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:

ROCCO LAMURA

Name of Person

TOSOLINI LAMURA RASILE & TONIUTTI LLP

Firm/Company

407 LINCOLN ROAD SUITE 11 C

Address

MIAMI BEACH, FL, 33139

City/State and Zip Code

ROCCO.LAMURA@TLRTLAW.COM

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

For further information concerning this matter, please call:

ROCCO LAMURA

Name of Person

at (**305**)

Area Code

5340420

Daytime Telephone Number

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SECRETARY OF STATE

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

LPU INVESTMENTS, 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 06/28/2012 and assigned Florida document number L12000084944.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

407 LINCOLN ROAD SUITE 11 C

(Principal office address MUST BE A STREET ADDRESS)

MIAMI BEACH, FL, 33139

Enter new mailing address, if applicable:

407 LINCOLN ROAD SUITE 11 C

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI BEACH, FL, 33139

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:

ROCCO LAMURA

New Registered Office Address:

407 LINCOLN ROAD SUITE 11 C

Enter Florida street address

MIAMI BEACH

City

, Florida 33139

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.

(Signature) *(Signature)*
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
MGR	ALEJANDRO ALGAZE	8350 NW 68TH STREET	<input type="checkbox"/> Add
		MIAMI, FL, 33166	<input checked="" type="checkbox"/> Remove
MGR	ADOLFO HELLER	8350 NW 68TH STREET	<input type="checkbox"/> Add
		MIAMI, FL, 33166	<input checked="" type="checkbox"/> Remove
MGR	CARLOS BIGOTT	8350 NW 68TH STREET	<input type="checkbox"/> Add
		MIAMI, FL, 33166	<input checked="" type="checkbox"/> Remove
MGR	ALEJANDRO ALGAZE	407 LINCOLN ROAD SUITE 11 C	<input checked="" type="checkbox"/> Add
		MIAMI BEACH, FL, 33139	<input type="checkbox"/> Remove
MGR	ADOLFO HELLER	407 LINCOLN ROAD SUITE 11 C	<input checked="" type="checkbox"/> Add
		MIAMI BEACH, FL, 33139	<input type="checkbox"/> Remove
MGR	CARLOS BIGOTT	407 LINCOLN ROAD SUITE 11 C	<input checked="" type="checkbox"/> Add
		MIAMI BEACH, FL, 33139	<input type="checkbox"/> Remove

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 DEPT. OF STATE
 MIAMI BEACH, FLORIDA

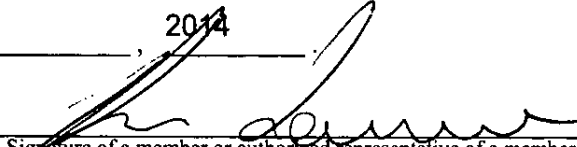
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated OCTOBER 30, 2014



Signature of a member or authorized representative of a member

ROCCO LAMURA

Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE FLORIDA