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(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	·
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COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT:		LULI PI	ROPERTIES LLC				
SUBJECT.		Name of Lim	ited Liability Comp	any			
The enclosed Art	icles of An	nendment and fee(s) are sub	mitted for filing.				
Please return all o	correspond	ence concerning this matter	to the following:				
		M	IAURO DOMINE	3			
			Name of Per	son		,	_
		LUI	LI PROPERTIES I	LLC			
			Firm/Compa	any			_
			345 NE 194th LA	NE			
			Address				_
			MIAMI FLORID	OA 33179)		7 <u>8</u> 28
			City/State and Zi	=			
			rtaj@mejaccountii	_			AH HAS
			to be used for future	annual re	eport notitication)	SER TH
For further inform	nation con	cerning this matter, please c	all:				2016 MAR I U A 10: SEGRETARY OF STA ALLAHASSEE, FUOR
marta	e jacofsky		305 at (300-	-1743		
	Name of Po	erson	Area Co	ode	Daytime Telep	hone Numbe	o A
Enclosed is a che-	ck for the t	following amount:					
□ \$25.00 Filing		■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filir Certified C (additional co	Гору		Certified	ate of Status &
, -							
	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		R D C 20	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

	LULI PROPERTIES LLC	
(Name of the Limited L (A F	iability Company as it now appears on our records.) lorida Limited Liability Company)	
The Articles of Organization for this Limited Liabil	ity Company were filed on 11/13/2012	and assigned
Florida document number L12000143549		
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 the ab	breviation "L.L.C."
Enter new principal offices address, if applicable	::	
(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>	
	A	2 201
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter	the name of the nev
Name of New Registered Agent:	S) m m	<u> </u>
	ب اند	
New Registered Office Address:	Enter Florida street address	
	. Florida	F 00
-	City .	Zin Coda

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>	Address	Type of Action
MGR	JORGE DI LEO	345 NE 194 LANE MIAMI	⊒ Add
		FLORIDA 33179	□ Remove
			Change
			Add
			Remove
			Change
			Add
			☐ Remove
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Signature of a member or authorized representative of a member				////					
			Signatura	of a member or or	Arrived conrecentat	ive of a member			

Page 3 of 3

Filing Fee: \$25.00