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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To: -

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PAUL SALVER, P.A.

Account Number : 120020000087

Fax Number

Phone : (954)389-1333 : (954)389-1397

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

		•		
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Corporate Filing Menu

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9543891397

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	FICLES OF AN			BUSH OM BO
ART	ICLES OF OR OF	GANIZATIO.	Ņ	6
	A HOLLYWOOE			
(Name of the Limite)	Liability Company Florida Limited Liab	as it now appears of bility Company)	n our records.)	2
The Articles of Organization for this Limited I Florida document number <u>L13000002981</u>	lability Company we	ere filed on <u>1/7/20</u>	013	and assigned T
This amendment is submitted to amend the fol	owing:			
A. If amending name, enter the new name	f the limited liabilit	v company here:		
The new name must be distinguishable and end w "L.L.C."	th the words "Limited	Liability Company,	" the designation "	LLC" or the abbreviation
Enter new principal offices address, if appli	cable:			·····
(Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	- (<i>BOX</i>)			
B. If amending the registered agent and registered agent and/or the new registered of	ffice address here:		records, <u>enter</u>	the name of the new
Name of New Registered Agent:	PAUL SALVE	· · ·		
New Registered Office Address:	2721 Executi	ve Park Dr., #3 Enter	Florida street ad	ldress
	Weston		, Florida <u>3</u>	3331
New Registered Agent's Signature, if changing		City	·	Zip Code
			. ^	
I hereby accept the appointment as register the provisions of all statutes relative to the accept the obligations of my position as reg	proper and complet	te performance of	my duties, and l	am familiar with and

heing filed to merely reflect a change in the registered office address, I herely education that the limited liability

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If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

MGR = Manager

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:

MGRM = Managing Member Title. Name <u>Address</u> Type of Action MGR ORMO PINANGO, LUIS C 2893 EXECUTIVE PARK ROAD, SUITE 127 WESTON, FL 33331 MGR ORMO SARASA, LUIS C 2893 EXECUTIVE PARK ROAD, SUITE 127 WESTON, FL 33331 **✓** Remove MGR LUCAR HOLDINGS, LLC 2893 EXECUTIVE PARK ROAD, SUITE 127 WESTON, FL 33331 Remove Remove

. If ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
-	
_	
	do la A
ated <u>X</u>	~**/*/P
	Signature of a member or authorized representative of a member
	Typed or printed name of signee.
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Filing Fee: \$25.00

