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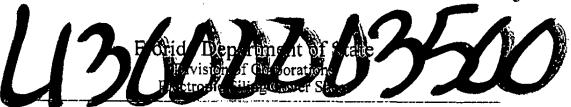
Division of Corporations

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SALVER AND COOK

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : PAUL SALVER, P.A.

Account Number: 120020000087

Phone Fax Number

: (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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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	A HOLLYWOOD \$330, Lt		•
(Name of the Limited (A	Liability Company as it new appropriet Florida Limited Liability Company	pears on our records.)	
The Articles of Organization for this Limited Li Florida document number L13000003500			_ and assigned
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	the limited liability company	bere:	
The new name must be distinguishable and end wit "L.L.C."	h the words "Limited Liability Co	mpany," the designation "LLC	" or the abbreviation
Enter new principal offices address, if applic	able:	· · · · · · · · · · · · · · · · · · ·	23
(Principal office address MUST BE A STREE	T ADDRESS)	· [TO 33 97
			<u></u>
			以20 6 1
Enter new mailing address, if applicable:		,	
(Mailing address MAY BE A POST OFFICE	BOX)		enter the name of the new treet address orlda 33331 Zip Code
-			RATIO
			> `
B. If amending the registered agent and/or the new registered of	or registered office address (Tice address here:	on our records, enter the	pame of the new
			·
Name of New Registered Agent:	PAUL SALVER, PA		<u> </u>
New Registered Office Address:	2721 Executive Park D) r., #3	
New Registered Office Address.		Enter Florida street addres	18
	Weston	, Florida 333	31
	City		Zip Code
New Registered Agent's Signature, if changing	Registered Agent:		
I hereby accept the appointment as registere the provisions of all statutes relative to the paccept the obligations of my position as regi- being filed to merely reflect a change in the company has been notified in writing of this	roper and complete performa stered agent as provided forfi registered office address, I he	nce of my duties, and I am n Chapter 608, F.S. Or, if	familiar with and this document is

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

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
MGR	ORMO PINANGO, LUIS C	2893 EXECUTIVE PARK ROAD, SUITE 127 WESTON, FL 333\$1	Add
			Remove
MGR	ORMO SARASA, LUIS C	2893 EXECUTIVE PARK ROAD, SUITE 127 WESTON, FL 83331	_
			√ Remove
MGR	LUCAR HOLDINGS, LLC	2893 EXECUTIVE PARK ROAD, SUITE 127 WESTON, FL 33331	Add
			Remove
			223
		· ·	AZ
			TE STATE OF THE ST
			Add
			Remove
			- Add
			Remove
			_

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). If a	amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Dated _	V Chy O
wited -	Signature of a member or authorized representative of a member
	Typed or printed name of signee

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