113000033818

questor's Name)	
dress)	
dress)	
ty/State/Zip/Phon	e #)
☐ WAIT	MAIL
siness Entity Nar	me)
ocument Number)	
_ Certificates	s of Status
Filing Officer:	
	dress) dress) cy/State/Zip/Phon WAIT siness Entity National Secument Number) Certificate:

Office Use Only



900272336199

05/05/15--01033--002 **25.00

05/07/15--01002--001 **5.00

TILED

2015 MAY -S P 3: 28

J SCHROEDER

COVER LETTER

Registration Section

Division of Corporations

MAILING ADDRESS: Registration Section Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

TO:

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

Luria Sant	iano. l	1C	
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now, a pears on our liability Company)	records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L13000633</u> 8/8		15/13	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
The new name must be distinguishable and contain the words "Limited Liability"	ity Company," the designation		reviation "L.IC."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		E P P	
Trincipal office dadress MOST BE A STREET ADDRESS		2013 公司	5
Enter new mailing address, if applicable:	pln.		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	25
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:			the name of the new
		. Florida	
	City	, rwima	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.

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 **Title** Name 1 <u>Address</u> **Type of Action** AMBR Alcibiades J. ZALdivAR 1920 SW 21 AVE, HIANI, F/ 33145 XAdd ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove □ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change

-12-11-11-11-11-11-11-11-11-11-11-11-11-	pum- _a nguna a a a pa a gama a ma a a a a a a a a a a a a a	,						
			A -					
						971 (200 pt 60	<i>د</i> ع	
							2015 MA	
-						100 To	<u>,</u>	Produced
						OF STEP	٠ <u></u> س	O
					•	STEEL	25	
			- p					
Note: If the da	, if other than the destrict is listed, the date must be to inserted in this blocetive date on the Dep	se specific and each control in the second c	annot be prior to et the applicabl	date of filing or mo	re than 90 days	optional after filing this date	g.) Pursuan	at to 605,020 be listed as
	ecifies a delayed lay after the recor		te, but not a	n effective ti	me, at 12:	01 a.m.	on the	earlier o
				_				
	pril 2	<u> </u>	201	'S				

Page 3 of 3

Filing Fee: \$25.00