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COVER LETTER

TO: Registration Section
Division of Corporations

Surject. Ligurinvest, 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:

Giancarlo Vedeo

Name of Person

More Than Lux Corp

Firm/Company

560 Lincoln RD, Suite 303

Address

Miami Beach, FL 33139

City/State and Zip Code

g.vedeo@gmail.com

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

For further information concerning this matter, please call:

Giancarlo Vedeo

at (305)674-7426

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

□\$30.00 Filing Fee & Certificate of Status

□\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

□\$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

Lingurinvest, LLc		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	mpany as it now appears on our records. ited Liability Company))
The Articles of Organization for this Limited Liability Com	pany were filed on March 25, 2013	and assigned
Florida document number <u>L13000043624</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
The new name must be distinguishable and end with the words 'L.L.C."	"Limited Liability Company," the designation	on "LLC" or the abbreviation
Enter new principal offices address, if applicable:	<u> </u>	
Principal office address MUST BE A STREET ADDRES	<u> </u>	<u> </u>
		· ν ω · ν · ν
Enter new mailing address, if applicable:		\mathcal{L}_{i} $\dot{\omega}$
(Mailing address MAY BE A POST OFFICE BOX)		3
<u> </u>		<u> </u>
		2
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		er the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
	, Florida	
	City	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 608, 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 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 **Title Address** Name 1 Type of Action 560 Lincoln RD Suite 303 **MGRM** Fabiola Lima Duzoglou Miami Beach, FL 33139 Remove Remove Remôve Remove Remove

D. If amending any other in	nformation, enter change(s) here: (Attach additional sheets, if necessary.)
Dated August 20	2013
·	To The
	Signature of a member or authorized representative of a member
Giancarlo	
	Typed or printed name of signee

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Filing Fee: \$25.00

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