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SECRETARY OF STATE
SECRETARIASSEE, FLORIDA

T -2019

COVER LETTER

TO: Registration So Division of Co		ν.	
·	Name of Limit	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Kammy	Name of Person	
	Luu	Management Group Pirm/Dompany	o LLC
	4501	Beagle St Xddress	
	Oclando	City/State and Zip Code	
	E-mail address: (to	o be used for future annual report notificati	ion)
For further information of	oncerning this matter, please ca	all:	
Name o	f Person	at () Area Code & Daytime Te	elephone Number
Enclosed is a check for ti	ne 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

Luu Manageno	nt Group ,	LLC
(Name of the Limited Lia (A Flo	ibility Company as it now a porida Limited Liability Compa	opears on our records.)
The Articles of Organization for this Limited Liabi Florida document number <u>L\30000840\7</u>	lity Company were filed on	June 11, 2013 and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company	here:
Luu Marketina &	Investment	LLC
The new name must be distinguishable and end with the "L.L.C."		ompany," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	(DDRESS)	TASS 13
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.)	<u></u>	SEP 27 M II: 20 RETARY OF STATE AHASSEE, FLORIDA
B. If amending the registered agent and/or registered agent and/or the new registered office		on our records, <u>enter the name of the ne</u>
Name of New Registered Agent:		
New Registered Office Address:		D. El
		Enter Florida street address
<u>-</u>		, 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member			
<u>Title</u>	Name	<u>Address</u>	Type of Action
			Add
			Remove
			Add
			Remove 13 SEP 27
			E COM A COM
			Remove
			Add
			Remove
			Add
			Add
			Remove

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
-	
ated	09-04-13,
	W. The state of th
	Signature of a member of authorized representative of a member
	KAMMY LUU
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00