*L13000109605

(Re	equestor's Name)	
(Ad	dress)	
(,	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
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EXAMINER EXAMINER JUL -8 2014

COVER LETTER

TO: Registration Se Division of Cor				
Ludla	m Holdings, L	.LC	,	
SUBJECT: Lagra		ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Ana L. Moffa	at		
		Name of Person		
Ludlam Holdings, LLC				
		Firm/Company		
1225 Placetas Avenue				
		Address		
	Coral Gable	s, FL 33146		
		City/State and Zip Code	·	
	ana@moffatbeasle E-mail address: (eycpa.com to be used for future annual report notif	ication)	
For further information c	oncerning this matter, please co	ati:		
Ana L. Mof	fat	_{at (} 786 ₎ 306-3	700	
Name o	f Person	Area Code Daytime	Telephone Number	
Enclosed is a check for the	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**



Ludlam Holdings, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on 08/03/2013	and assigned
Florida document number L13000109605		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and end with the words "Limited Lial	bility Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	* * * * * * * * * * * * * * * * * * * *	he name of the new
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 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Ana L. Moffat	1225 PLACETAS AVE	B Add
		CORAL GABLES, FL 33146	Remove
			
			Add
			□ Remove
			□ Remove
			□ Add
		•	□ Remove
			□ Remove
			□ Add
			_ □ Remove

D _, If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	<u> </u>
(The ef	ive date, if other than the date of filing:
Dated	2014
Date	
	Signature of a member or authorized representative of a member
•	Agusti Miro
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00