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AND ANASSEE, FLORIDA

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## **COVER LETTER**

Division of Corporations
SUBJECT: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:
David Estrada Name of Person
Ludus Magnus Group, LLC
14017 SW 130 court
MIAMI FL. 33186  Chrystate and Zip Code  David 24 estrada agman. com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (954) 383-7723  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee.  Certificate of Status Certified Copy (additional copy is enclosed)  □ \$60.00 Filing Fee.  Certificate of Status & Certified Copy (additional copy is inclosed)

MAILING ADDRESS:

Registration Section

TO:

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

Mr Mont 111

(Name of the Limited Liabili	ty Company as it now appears on our records t
(A Florid	ity Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability C Florida document number <u>L1300013273</u>	Company were filed on $\frac{09 19 2013}{2}$ and assigned $\frac{2}{2}$ .
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	ited liability company here:
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDI	1076 Fane (oncourse Bay Harbor Islands FL. 33154
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or regis	Bay Harbor Islands, File 33/15/47
registered agent and/or the new registered office add	
Name of New Registered Agent:	Join Sw 130 court
New Registered Office Address:	1017 SW 130 COURT  Enter Florida street address
	MIAMI Florida 33186  Giry Gp 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 'is document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limit d 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 = Aut	horized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Federico A. Cassino	100 Bayview dr#120	<u>7</u> □ Add
		Sunny Isles Beach, FL.3	Remove
			Change
MGR	Sofia K. Rodriguez	100 Bayview dr. #1207	D Add
		Sunny Isles Beach, PL3	
	•		□ Change
MGR	Ludus Magnus Groy	PLLC 14017 SW 130 cour	Add
		Miami, FL. 33186	□ Remove
			_□ Change
MGR	Beautink, LLC	601 NE 365.#160	9_D Add
	,	M1ami, FL. 33137	□ Remove
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ž.	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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'an effec <u>(ote:</u> - H	e date, if other than the date of filing:	suant to 605.020 not be fisted as
	rd specifies a delayed effective date, but not an effective time, at $12\!:\!01$ a.m. on toth day after the record is filed.	he earlier o
ated _	Oct. 09 2019	
	Signature of a member or authorized representative of a member	
	David Estrada	

Page 3 of 3

Filing Fee: \$25.00