113 000 136 632

(Req	uestor's Name)	<u> </u>
(Add	ress)	
(Add	ress)	
(City/	/State/Zip/Phon	e #)
PICK-UP	MAIT WAIT	MAIL
(Busi	iness Entity Na	me)
(Doc	ument Number)
Certified Copies	Certificate	s of Status
Special Instructions to Fi	iling Officer.	

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COVER LETTER

TO: Registration Se Division of Cor				
	Properties, LLC			
SUBJECT: Name of Lamited Cability Company				
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.		
Please return all correspo	ondence concerning this matter to	o the following:		
	Murtuza Aluminiumwala			
		Name of Person		
	Good Luck Properties, 4.1.0			
	 .	Linu Company		
	10110 Sandywood Dr			
	· · · · · · · · · · · · · · · · · · ·	Address	•	
	Sanford, FL32771			
		3 ity State and Zip Code		
	murtuza25@gmail.com F-mail address (t)	be used for future annual report no	(iffication)	
For turther information c	oncerning this matter, please cal			
Murtuza Aluminiumwal	a	954 3910251		
Name o	f Person	Area Code Dayti	me Felephone Number	
Enclosed is a check for the	ne falkowina anyonni			
S25 00 Filing Fee	☐ \$30 00 Filing Fee &	\$55 00 Filing Fee &	■ \$60.00 Filling Fee.	
2 oz. w riing rec	Certificate of Status	Certified Copy cadditional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres		Street Address:		
Registration Section		Registration Section		
Division of Corporations		Division of Corporations		

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Good Luck Properties, LLC

company has been notified in writing of this change.

(<u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on our records.) I united Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on September 27, 2013	and assigned
Florida document number L13000136632		
This amendment is submitted to amend the following.		•
A. If amending name, enter the new name of the limit	ed liability company here:	٠
The new name must be distinguishable and contain the words. It must	ed I subility Company "the designation "I I U" or the a	bbreviation "L.I.C."
Enter new principal offices address, if applicable:		· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET ADDRI	ESS)	
		7078
		FE8
Enter new mailing address, if applicable:		1
(Mailing address MAY BE A POST OFFICE BOX)		111
		<u> </u>
		့် ဟ္
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the nar	ne of the flew register
agent and/of the new registered office address nere.		
Ninner of Ninne Development Amount		•
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	·
	THE FROM SICE GROUN	
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered		2,42 C 164
10.00		
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co		• •
accept the obligations of my position as registered age	ent as provided for in Chapter 605, F.S. Or	, if this document is
being filed to merely reflect a change in the registerea	Loffice address, Lhereby confirm that the li	mited liability

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	DEDANWALA, ZARINA	10110 Sandywood Dr	
		Sanford, F1, 32771	
		. <u>-</u>	□Change
			□Add
			□Remove
		□Change	
	- - · · · · · · · · · · · · · · 		
		□Remove	
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<u>.</u>			□Add •
			□Remove
			7 Change

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_	
Note: 1	tive date, if other than the date of filing:
the record cord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
Dated _	2020
	The state of the s
	Signature of a member or authorized representative of a member
	Murtuza Aluminiumwala
	Typed or printed name of signee

Filing Fee: \$25.00