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(Re	equestor's Name)			
(Ac	ldress)			
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PICK-UP	☐ WAIT	MAIL		
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K. SALY EXAMINER

FEB 12 2016

COVER LETTER

	Division of Cor	•	WORLD INVESTMENTS, LLC	
SUBJ	ECT:		ited Liability Company	
		Name of tan	ited Liability Company	
The e	nclosed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please	e return all correspo	indence concerning this matter	to the following:	
			George Befeler, Esq.	
			Name of Person	
			Homer Bonner Jacobs, P.A.	
			Firm/Company	
		14	41 Brickell Avenue, Suite 1200	
		West Control of the C	Address	
			Miami, Florida 33131	
			City/State and Zip Code	
			efeter@homerbonner.com to be used for future annual report not	ification)
For fi	arther information c	oncerning this matter, please ca	·	,
George Befeler, Esq.			305 350- at ()	5158
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclo	sed 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



	LUE WORLD INVE	•			
(Name of the Lim	ited Liability Compar (A Florida Limited L	iy as it now appear lability Company)	s on our records.)	-	
The Articles of Organization for this Limited I Florida document number		were filed on	December 6, 2013	and assigned	
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited liabi	lity company ho	ere:		
N/A					
The new name must be distinguishable and contain the	words "Limited Liabili	ity Company," the d	esignation "LLC" or the abb	reviation "L.L.C."	
Enter new principal offices address, if applicable:		N/A			
(Principal office address MUST BE A STRE	ET ADDRESS)				
Enter new mailing address, if applicable:		N/A			
(Mailing address MAY BE A POST OFFICE	BOX)				
		·			
B. If amending the registered agent and registered agent and/or the new registered of			our records, enter t	he name of the nev	
Name of New Registered Agent:	N/A	•			
New Registered Office Address:	N/A				
		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 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

Titte '	Name	Address	Type of Action
AMBR	George Befeler	1441 Brickell Avenue, Suite1200	■ Add
		Miami, Florida 33131	□ Remove
			Change
			□ Add
			Remove 20 FEB
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			□ Remove
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fective date	, if other than the is listed, the date must	he specific and ca	innot be prior to dat	e of filing or more th	(optional) an 90 days after filing)	Pursuant to 605,0207 (3)	(b)
If the da tent's effe	te inserted in this blo ective date on the De	ck does not med partment of Sta	et the applicable s te's records.	tatutory filing req	uirements, this date	will not be listed as the	
		•					
cord spe	ecifies a delayed ay after the reco	effective dat	te, but not an	effective time	, at 12:01 a.m. o	on the earlier of:	
: 90(11 0	ay aiter the reco						
	February	10th	2016				
THE RESERVE		,	· · · · · · · · · · · · · · · · · · ·				
				representative of a i	Name of the second seco		
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		/	Youri Mevs				

Page 3 of 3

Filing Fee: \$25.00