Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ALVAREZ, SUAZO & ASSOCIATES

Account Number: I20130000076 Phone : (305)388-7028

: (305)479-2705 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:				
		 	**	 	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LUSOLISA LLC

Certificate of Status	0
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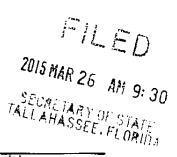
MAR 27 2015

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



LUSOLISA LLC

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

	(** Tronde Zimine	omonity company,		
The Articles of Organization for this Limited I	Liability Company	wcre filed on 09/	23/2014	and assigned
Florida document number L14000148501		· · ·		
This amendment is submitted to amend the following	lowing:			
A. If amending name, enter the new name of	of the limited liab	oility company her	<u>e</u> :	
NA	•••			
The new name must be distinguishable and end with the	words "Limited Lia	bility Company," the d	signation "LLC" or the	abbreviation "L.L.C."
Euter new principal offices address, if applic	cable:	NA		
(Principal office address MUST BE A STRE)	ET ADDRESS)			
			. <u> </u>	
Enter new mailing address, if applicable:		NA		
Mailing address MAY BE A POST OFFICE	· p/1V)			
(Mustary Guares) MAT DE A FOST OF FICE	BUA			
B. If amending the registered agent and registered agent and/or the new registered or	l/or registered o office a <u>ddress</u> her	ffice address on e:	our records, <u>enter</u>	the name of the new
Name of New Registered Agent:	NA			
New Registered Office Address:				
		Enter Plorida street address		
			, Florida	
		City		Zip Code
New Registered Agent's Signature, if changing	 -			
I hereby accept the appointment as registere provisions of all statutes relative to the prop accept the obligations of my position as regi being filed to merely reflect a change in the company has been notified in writing of this	per and complete istered agent as registered office	performance of n provided for in Ch	ny duties, and I am Lapter 605. F.S. Or	familiar with and tif this document is
	If Cha	nging Registered Age	14, Signature of New R	egistered Agent

Page 1 of 3

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	LUISA DE SOUSA	13501 SW 128TH ST. SUITE 202	Add
		MIAMI, FL 33186	■ Remove
AMBR	SALOMON SPIEGEL	13501 SW 128TH ST. SUITE 202	
		MIAMI, FL 33186	Remove
MGR	SALOMON SPIEGEL	13501 SW 128TH ST. SUITE 202	Add
		MIAMI, FL 33186	🗆 Remove
	LISALUSO ENTERPRISE CORPORATION		
AMBR		HUNKINS WATERFRONT PLAZA	_ = Add
		STE. 556	_ 🗆 Remove
		MAINSTREET, CHARLESTOWN NEVI	S —
			Add
			Present Print Prin
			MAR 26 AM 9: 30
			Remove 3

 If amending any other information, en NA 	er change(s) here: (Attach addition	nal sheets, if necessary.)
Effective date, if other than the date of (The effective date must be specific, cannot be prior the date this document is filed by the Florida Dept		(optional) c more than 90 days after
Dated MARCH 25TH	, 2015	
Signature	of a member of duthorized representative	oy'a member
SALOMON SPIEGEL		
	Typed or printed name of signee	

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Filing Fee: \$25.00