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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : ALVAREZ, SUAZO & ASSOCIATES

Account Number : I20130000076 : {305}388-7028 Phone

Fax Number : (305)479-2705

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

Email Address:

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K. SALY JAN -5 2017 186

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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Zip Code

	LUSOLISA LLC	ALLAHASSEE STATE
(Name of the Limi	ted Liability Company as It now appears on our r. (A Florida Limited Liability Company)	ACLAHASSEE, FLORIDA
The Articles of Organization for this Limited L Florida document numberL1400014850		and assigned
This amendment is submitted to amend the following	owing:	
A. If amending name, enter the new name o	f the limited liability company here:	
N/A		
The new name must be distinguishable and contain the	words "Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	·
(Principal office address MUST BE A STREE	T ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)	
B. If amending the registered agent and registered agent and/or the new registered or	or registered office address on our rec	ords, enter the name of the new
Name of New Registered Agent:	N/A	
New Registered Office Address:	Enter Florida street a	ddress
		f:1

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 ohligations 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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amendii or remove	ng Authorized Person(s) authorized to ndd from our records:	nanage, enter the title, name, and address of	each person being added
MGR = 1 AMBR =	Mnnager Authorized Member	2017 JAN -4	AK 10: 50 OF STATE FLORIO
<u>Title</u>	Name	Address TALLAHASSE	OF STATUTE OF Action
MGR	SALOMON SPIEGEL	7951 RIVIERA BLVO	FLORIOA
		SUTTE 210	■ Remove
		MIRAMAR, FL 33023	☐ Change
AMBR	LISALUSO ENTERPRISE CORPORATION	HUNKINS WATERFRONT PLAZA, STE. 556	Add
		MAINSTREET, CHARLESTOWN NEVIS XX	
			Change
MGR	SALOMON SPIEGEL	7951 RIVIERA BLVD	
		MIRAMAR, FL 33023	Remove
		C Change	
AMBR	LISALUSO ENTERPRISE CORPORATION	HUNKINS WATERFRONT PLAZA, STE, 556	□ Add
		MAINSTREET, CHARLESTOWN NEVIS XX	■ Remove
			Change
AMBR	SALOMON SPIEGEL 100%	7951 RIVERA BLVD	Add
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effective date is listed, the date must be specific and cannot	t be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0	207 (
ment's effective date on the Department of State's i	e applicable statutory filing requirements, this date will not be listed records.	l as t
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ecord Specifies a delayed effective date. I	but not an effective time, at 12:01 a.m. on the earlier	. AF.
e 90th day after the record is filed.	but not all ellective time, at 12,01 a.m. on the confe	OI.
d ^{01/03/2017}		
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