

L150000018409

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

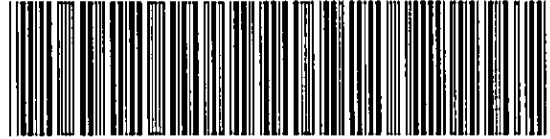
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2020 APR -2 AM 9:29

FILED

APR 15 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LUU HOLDINGS LLC.
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:

NATALIA LUU
Name of Person
LUU HOLDINGS LLC.
Firm/Company
604-5 CONCORDE PLACE
Address
TORONTO, ONTARIO CANADA M3C 3M8
City/State and Zip Code
NATALIA.LUU@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NATALIA LUU at (416) 838-2421
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

LUU HOLDINGS LLC.

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

The Articles of Organization for this Limited Liability Company were filed on JANUARY 30, 2015 and assigned Florida document number L15000018409.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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 applicable:

(Principal office address MUST BE A STREET ADDRESS)

393 DOWNY EMERALD DRIVE
BRADFORD ON, CANADA
L3Z 0K2

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

604-5 CONCORDE PLACE
TORONTO, ON CANADA
M3C 3M8

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>DANNY T NGUYEN</u>	<u>523 STONEMONT DRIVE</u>	<input type="checkbox"/> Add
		<u>WESTON FLORIDA 33326</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AMBR</u>	<u>NATALIA LUU</u>	<u>393 DOWNY EMERALD DRIVE</u>	<input checked="" type="checkbox"/> Add
		<u>BRADFORD, ONTARIO CANADA</u>	<input type="checkbox"/> Remove
		<u>L32 OK2</u>	<input type="checkbox"/> Change
<u>AMBR</u>	<u>THUY T. NGUYEN</u>	<u>393 DOWNY EMERALD DRIVE</u>	<input checked="" type="checkbox"/> Add
		<u>BRADFORD, ONTARIO CANADA</u>	<input type="checkbox"/> Remove
		<u>L32 OK2</u>	<input type="checkbox"/> Change
<u>AMBR</u>	<u>LINH LUU</u>	<u>393 DOWNY EMERALD DRIVE</u>	<input checked="" type="checkbox"/> Add
		<u>BRADFORD, ONTARIO CANADA</u>	<input type="checkbox"/> Remove
		<u>L32 OK2</u>	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2022 APR - 9 9:29 AM

2020 APR -2 AM 9:29
SECRETARY OF
ALABAMA STATE FISH & WILDLIFE

2020 APR -2 AM 9:29
STREETARTIST
ALLAHASSEE FLORIDA

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record 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 record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00