

Division of Corporations

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LS000019551

**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000028096 3)))



H150000280963ABC+

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : DAVID TORCHIN, C.P.A., P.A.
Account Number : I19990000007
Phone : (954) 472-3124
Fax Number : (954) 323-6301

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

Email Address: _____

RECEIVED

15 FEB -3 AM 10:00

DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CONDOR LUK TRADINGS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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15 FEB 2015

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Corporate Filing Menu

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J. GIVENS FEB 04 2015

HP LaserJet 400 MFP M425dn

Fax Confirmation

Feb-3-2015 4:03PM

Job	Date	Time	Type	Identification	Duration	Pages	Result
3316	2/ 3/2015	4:02:08PM	Send	18506176383	1:31	4	OK

Division of Corporations

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H150000280963

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To:
 Division of Corporations
 Fax Number : (850) 377-8393

From:
 Account Name : DAVID TORCHEN, C.F.A., P.A.
 Account Number : 21896000007
 Phone : (954) 472-3134
 Fax Number : (954) 323-6301

****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 AMEND/RESTATE/CORRECT OR M/A/G RESIGN
CONDOR LUX TRADINGS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	63
Estimated Charge	\$35.00

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<https://efile.sosbiz.org/scripts/efilecover.asp>

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2/3/2015

H 15 0000 28 0963

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Condor Luk Tradings, 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 02/03/15 and assigned
Florida document number L 15 0000 19551.

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 end with 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

City

Florida

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

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H 150000 280983

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Asher Luk	8640 NW 10th Place	<input type="checkbox"/> Add
		Plantation, Fl 33322	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

15 FEB - 3 AM 58
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TALLAHASSEE, FLORIDA

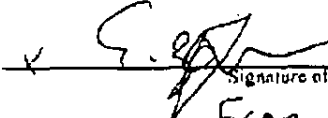
H 150000 280963

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 02/03/15



Signature of a member or authorized representative of a member
Erez Zeigman

Typed or printed name of signer

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