## 4500023101

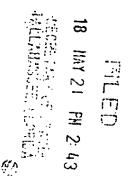
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## **COVER LETTER**

TO:	Registration Sec Division of Corp	tion porations		
eun ie		AS & ASSOCIATES, L.L.C.		
PORTE	CT:	Name of Limit	ted Liability Company	
The enc	losed Articles of /	Amendment and fee(s) are subn	nitted for filing.	
Please r	eturn all correspor	ndence concerning this matter t	o the following:	
		JUAN LUCAS ALVAREZ		
			Name of Person	
		JUAN LUCAS & ASSOCI	ATES	
			Firm/Company	<del></del>
		901 PONCE DE LEON BL	VD.; SUITE 305	
			Address	<del></del>
		CORAL GABLES, FL. 331	134	
			City/State and Zip Code	
		JLA@JUANLUCASLAW.C		· <u>-</u>
		E-mail address: (t	o be used for future annual report notifi-	cation)
For furt	ther information co	oncerning this matter, please ca	ill:	
JUAN	LUCAS ALVARE	EZ.	305 442-7375	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclose	ed is a check for th	e following amount:		
<b>■</b> \$23	5.00 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:

TO:

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

JUAN LUCAS & ASSOCIATES			
(Name of the Limi	ted Liability Compa (A Florida Limited	iny as it now appears on our re Liability Company)	ecords.)
The Articles of Organization for this Limited L Florida document number 1.15000023101	iability Company	were filed on FEBRUARY	6, 2015 and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, <u>enter the new name c</u>	of the limited liab	ility company here:	
JUAN LUCAS ALVAREZ & ASSOCIATES, L.I			
The new name must be distinguishable and contain the	words "Limited Liabi	lity 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)		NO CHANGE	<u> </u>
		NO CHANGE	200
			22
B. If amending the registered agent and registered agent and/or the new registered of			cords, enter the name of the
Name of New Registered Agent:	NO CHANGE		
New Registered Office Address:	NO CHANGE		
		Enter Florida street e	iddress
			, Florida
		Ciù.	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, <u>enter the title</u>, <u>name</u>, <u>and address of each person\_being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	Name	Address	Type of Action
			Add
			Remove
			☐ Change
			□ Add
			☐ Remove
			Change
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TO CC	DATE OF FILING	anal)
<b>E.Hec</b> It'an e	ctive date, if other than the date of filing:	<b>нгат)</b> filing.) Pursuant to 605.0207 (
Note	If the date inserted in this block does not meet the applicable statutory filing requirements, this	date will not be listed as t
docui	ment's effective date on the Department of State's records.	
he re	ecord specifies a delayed effective date, but not an effective time, at 12:01 a	.m. on the earlier of:
Th	e 90th day after the record is filed.	
Dated	MAY 15 . 2018.	
Date		
	/ G/1/2001	
	Signature of a member or authorized representative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00