L15000054523

(Re	equestor's Name)		
(Ac	ddress)		
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(Ci	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	usiness Entity Nar	ne)	
(Document Number)			
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COVER LETTER

TO: Re Di	gistration Sec vision of Corp	etion porations		
CHDIECT	LU HOLDII	NG, LLC		
SUBJECT	<u> </u>	Name of Lim	ited Liability Company	
The enclose	ed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please retur	n all correspon	ndence concerning this matter	to the following:	
		LUCIANA VIEIRA DE C	ARVALHO	
			Name of Person	
		LU HOLDING LLC		
		***	Firm/Company	
		1566 S DIXIE HWY		
			Address	
		CORAL GABLES, FL 331	146	·
	•		City/State and Zip Code	•
		LUCIANA.CARVALHO@		
		•	to be used for future annual report notifice	ition)
For further	information co	oncerning this matter, please ca	all:	
LUCIANA	VIEIRA DE (CARVALHO	305 9896871 at ()	
	Name of	Person	Area Code Daytime T	elephone Number
Enclosed is	a check for th	c 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/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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

Enter new principal offices address, it applicable:	iled on 03/26/2015	and as	signed
Florida document number L15000054523 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability co The new name must be distinguishable and contain the words "Limited Liability Com Enter new principal offices address, if applicable:		and as	signed
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability continue name must be distinguishable and contain the words "Limited Liability Come Enter new principal offices address, if applicable:	mpany here:		
A. If amending name, enter the new name of the limited liability con The new name must be distinguishable and contain the words "Limited Liability Com Enter new principal offices address, if applicable: 1566	mpany here:		
The new name must be distinguishable and contain the words "Limited Liability Com Enter new principal offices address, if applicable: 1566	mpany here:		
Enter new principal offices address, if applicable:			
Enter new principal offices address, it applicable:	pany," the designation "LLC" or the a	abbreviation "L	.L.C."
200	1566 S DIXIE HWY		
(Principal office address MUST BE A STREET ADDRESS) COR.	CORAL GABLES, FL 33146		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			<u>,</u> ਮ
		基面	<u> </u>
B. If amending the registered agent and/or registered office ad registered agent and/or the new registered office address here:	ldress on our records, <u>enter</u>	čń ~<	of the n
Name of New Registered Agent:		- 	₩
New Registered Office Address:	Enter Florida street address	5	
	, Florida		·
City New Registered Agent's Signature, if changing Registered Agent:		Zip Code	

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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E. Effectiv	e date, if other than the date of filing:		
Note: I	ce date, if other than the date of filing:	Pursuant to vill not be	605.0 listed
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. o 90th day after the record is filed.	n the ea	arlier
Dated	July 29 , 2015.	•	
Dated_			

Page 3 of 3

Filing Fee: \$25.00

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>	Name	Address	Type of Action
MGR	LUCIANA VIEIRA DE CARVA	·	
		COPAL GABLES, FL 33	146 Remove
			⊠ Change
	····		Add
			Remove
			Change
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