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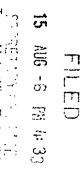
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COVER LETTER

TO:

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	Registration Se Division of Cor					
CUID IE	Lugaron LI	LC ·				
SUBJEC	<u> </u>	Name of Lim	ited Liability Company			
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please re	turn all correspo	endence concerning this matter	to the following:			
		Gabriela Riza, Esq.			_	
			Name of Person			
		Law Offices of Gabriela R				
			Firm/Company		•••	
		2831 Ringling Blvd. Ste. 1	06B			
			Address			Ť
		Sarasota, FL 34234			_ i	į TI
			City/State and Zip Code			
		griza@rizavisa.com			•	
			to be used for future annual report notif	ication)		-
For furth	er information c	oncerning this matter, please ca	all;		و المرات	ਜ਼ ਨ
Gabri c la	Riza, Esq.		941 955-1462 at ()	•		~
	Name o	f Person	Area Code Daytime	Telephone Number	r	
Enclosed	is a check for th	ne following amount:				
\$25. 0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status a	
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	STREET/COURING Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 323	n ations ater Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lugaron LLC					
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears Liability Company)	on our records.)	•		
The Articles of Organization for this Limited Liability Company Florida document number L15000090306	were filed on 5/21	/2015	and assigned		
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabi	lity company her	<u>e</u> :			
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the des	ignation "LLC" o	or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	4618	SW 1	7TH AVE		
(Principal office address MUST BE A STREET ADDRESS)	CATE	COP	4L		
	_FL 3	3914	——————————————————————————————————————		
		a	7 3 35 1 3 5 1 4 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1		
Enter new mailing address, if applicable:	4628	Z'W	17 ETLAVE		
(Mailing address MAY BE A POST OFFICE BOX)	CAPE	COZ 1	4 ()		
	FL 33	914			
B. If amending the registered agent and/or registered of	fice address on a	our records	ar man e		
registered agent and/or the new registered office address here		our records,	Ser S		
Name of New Registered Agent:					
New Registered Office Address:	·.	·			
	Enter Florida street address				
		, Flori			
	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>	Address	Type of Action
MGR	Svatava Jurinova	121 Ginger Rd	
		Venice FL 34237	■ Remove
			☐ Change
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