(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	(Requestor's Name)
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MAY 12 2016 S. YOUNG

COVER LETTER

TO:	Registration Se Division of Cor				
SUBJECT: LUI			E137 LLC		
3000	ECT	Name of Lim	ited Liability Company		
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspo	ondence concerning this matter	to the following:		
		W	endy Russell Wi	ener	
			Name of Person		3 E
I		В	road and Cassel		
			Firm/Company		1 SEE
2			15 S. Monroe Str	eet, Suite 40	16 HAY 11 AM 10: 02
			Address		į
		Ta	illahassee, FL 32	301	()
			City/State and Zip Code		<u> </u>
			aunte143@gmail to be used for future annual		
For fu	rther information c	oncerning this matter, please co		report notification)	
K	Cellie Hoover		at (850)	681-6810	
	Name o	f Person	Area Code	Daytime Telepho	one Number
Enclos	sed is a check for th	ne following amount:			
\$2	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee of Certified Copy (additional copy is end		\$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		Registra Division Clifton E 2661 Ex	T/COURIER ADI tion Section of Corporations Building ecutive Center Circ see, FL 32301		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	LUKE137 L		re on our records	
	(A F)	iability Company as it now appea lorida Limited Liability Company)	rs on our records.	
The Articles of Organization	n for this Limited Liabili	02/03/2016	and assigned	
Florida document number _	L16000023907			
This amendment is submitte	d to amend the followin	ng:		
A. If amending name, ento	er the new name of the	limited liability company h	ere:	SECTIALL TALL
The new name must be distinguis	hable and contain the words	"Limited Liability Company," the	lesignation "LLC" or the al	bbreviation L.L.C.
Enter new principal office	s address, if applicable		· · · · · · · · · · · · · · · · · · ·	- SS
(Principal office address M	UST BE A STREET A	DDRESS)		m chick
				# 10 00 00 00 00 00 00 00 00 00 00 00 00
Enter new mailing address	s, if applicable:			70 ×
(Mailing address MAY BE	A POST OFFICE BOX	<u> </u>		
		registered office address or	our records, enter	the name of the nev
registered agent and/or the	e new registered office	address here:		
Name of New Reg	istered Agent:			
New Registered O	ffice Address:		rida street address	
	_	City	, Florida	Zip Code
		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	Janine Ondina	2550 Sun Cove Lane N. Palm Beach, FL 33410	DF Add
,			□ Remove
		 	Change
			□ Add
			Remove P
			Change III
			Add D2
			P3 5 Remove
			□ Change
			Add
			☐ Remove
			□ Change
			🗅 Add
			□ Remove
			□ Change
			Add
			Remove
			☐ Change

If amending any other	information, enter cha	nnge(s) here: (2	Attach additiona	l sheets, if necessary.)	
					· · · · · · · · · · · · · · · · · · ·	
						
		, <u>"</u>				
						TAILS SEC
			<u></u>		10000000000000000000000000000000000000	NHX.
						SEE.F
	-					
						~
		-				
Effective date, if other	than the date of filings			(optional)		
(If an effective date is listed, the Note: If the date inserted	in this block does not me on the Department of Sta	annot be prior to da et the applicable	ate of filing or more	than 90 days after filing.)	Pursuant to 605.02 will not be listed	07 (3)(b) as the
he record specifies a The 90th day after	delayed effective da the record is filed.	te, but not ar	n effective tim	e, at 12:01 a.m. c	on the earlier	of:
Dated	<u>May 11</u> ,	2016				
	Signature of a me	ember or authorize	d representative of	ı member		
	Wendy Ru	ussell Wiene	er, Esq.			

Page 3 of 3

Filing Fee: \$25.00