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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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K. SALY NOV - 9 2016

## **COVER LETTER**

Division of Co	rporations		
SUBJECT:	LUI	KE137 LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Jaunte'	Field 5 Name of Person	
	Luke 137 L	LC Glenwood Firm/Company	Memorial Cemetery DBA
	1233 W. U	oth Street Address	
	Riviera B	9ach, FI 3340	4
	bround-fla E-mail address: (1	City/State and Zip Code  O	tification)
For further information	concerning this matter, please ca	all:	
Deloves	Brown of Person	at ( <u>561)</u> <u>84</u> Area Code Daytir	1-8419 ne Telephone Number
Enclosed is a check for the	he following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

#### MAILING ADDRESS:

TO:

**Registration Section** 

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 ARTICLES OF ORGANIZATION **OF**

	ILED
TALLAHASSE	TOF STATE

### **LUKE137 LLC**

( <u>Name of the Limited Liability</u> (A Florida	Y Company as it now appe Limited Liability Company)	urs on our records.)	THASSEE, FLORIDA
The Articles of Organization for this Limited Liability Co. Florida document number	ompany were filed on _	02/03/2016	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company l	nere:	
The new name must be distinguishable and contain the words "Limit	ted 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 ADDRI	ESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office address.  Name of New Registered Agent:		n our records, <u>er</u>	iter the name of the nev
Name of New Registered Agent.			
New Registered Office Address:	Enter Flo	orida street address	
		. Florida	a
New Registered Agent's Signature, if changing Registered	City Agent:	7	aZip Code
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co	nd agree to act in this		

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 2550 Sun Cove Lane	Type of Action
MGR	Janine Ondina	N. Palm Beach, FL 33410	
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ote: If th	ve date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after file he date inserted in this block does not meet the applicable statutory filing requirements, this date	ing.) Pursuant to 605.0207 ate will not be listed as
ncument'	's effective date on the Department of State's records.	
e record The 90	d specifies a delayed effective date, but not an effective time, at 12:01 a.n Oth day after the record is filed.	n. on the earlier o
ated	November 2, 2016.	
	Dainte Field	
	Signature of a member or authorized representative of a member	
	Daunto tieldo	

Page 3 of 3

Filing Fee: \$25.00