## Florida Department of State

**Division of Corporations Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 : (561)694-8107 Phone : (561)694-1639 Fax Number

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Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GOLDENLUCCA LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Goldenlucca LLC		
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab	ility Company were filed on 05/13/2016	and assigned
Florida document number L16000092221	<del>.</del>	
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of the	ne limited liability company here:	
The new name must be distinguishable and contain the work	Is "Limited Liability Company," the designation "LI.C" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET.	ADDRESS)	
Enter new mulling address, if applicable:  (Mailing address MAY BE A POST OFFICE BO	220	
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B. If amending the registered agent and/or registered agent and/or the new registered office		iter the name of the new
		10.12 Co
Name of New Registered Agent:		
New Registered Office Address:		<u> </u>
	Enter Florida street address	55
	, Florida	* ************************************
	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>	Name	Address	Type of Action
MGR	Thompson Scalamandre, Fernando	Rua Vicente Leporace 1220 Apt. 62	D Add
		Sao Paulo 04619-033, Brazil	₩ Remove
			□ Change
MGR	Golden Lucea Corp.	505 N. Ft. Lauderdale Beach Blvd	
		Apt 915	
		Ft. Lauderdale, FL 33304	☐ Change
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2. Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days Note: If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records.	(optional) ys after filing.) Pursuant to 605.0 its, this date will not be listed	0207 (3)(b d as the
f the record specifies a delayed effective date, but not an effective time, at 12 b) The 90th day after the record is filed.	2:01 a.m. on the earlie	гof:
Dated		
Famous J.T. full our outline' Signature of a member or authorized representative of a member	<del></del>	