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To:

Division of Corporations

: (850)617-6383

From:

Account Name : UNION HSA LLC

Account Number : I20150000070

Phone

: (954)770-6227

Fax Number

: (954)369-4446

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT/OR M/MG RESIGN **LUMAHOUSE LLC**

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lumahouse LLC			
(Name of the Limite)	d Liability Company as it now app A Florida Limited Liability Compan	ears on our records.)	·
The Articles of Organization for this Limited Lia	ability Company were filed on	06/09/2016	and assigned
Florida document number L16000111525			
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liability company	here:	
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," th	e designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applica	ible:		<u> </u>
(Principal office address MUST BE A STREET	(ADDRESS)		A
		<u> </u>	3
			m
Enter new mailing address, if applicable:	·		
(Mailing address MAY BE A POST OFFICE B	10X)	<u></u>	<u> </u>
		- Fr	
B. If amending the registered agent and/oregistered agent and/or the new registered offi		on our records, <u>enter</u>	the name of the
Name of New Registered Agent:			
Name of New Registered Agent: New Registered Office Address:	Finter F	Torida street address	
	Enter F	Torida strees address , Florida	

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
AMBR	Mauricio P Ribeiro	1660 W Hillsboro Blvd	□ Add
		Deerfield Beach, FL 33442	■ Remove
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ctive date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or more than	(option	al)	
21 If the date inserted in this block does not meet the applicable statutory filing requi	rements, this d	late will	not be listed
iment's effective date on the Department of State's records.			
ecord specifies a delayed effective date, but not an effective time,	at 12·01 a r	m an t	rhe earlier
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September 16 2016			
September 16 , 2016			
Software of a member or authorized representative of a me	mber		

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