

10/4/2017

Division of Corporations

L17000013138

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : M. FAEHNER, ESQ. LLC
Account Number : I20170000081
Phone : (727)443-5190
Fax Number : (727)474-9949

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M&L LUTZ LLC**

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

M&L LUTZ LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/17/2017 and assigned
Florida document number L17000013138.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

40737 US 19 NORTHTARPON SPRINGS, FL 34689

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

40737 US 19 NORTHTARPON SPRINGS, FL 34689

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

MICHAEL J. FAEHNER, ESQ.

New Registered Office Address:

600 BYPASS DRIVE, SUITE 100

Enter Florida street address

CLEARWATER

City

, Florida 33764

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

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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

Title	Name	Address	Type of Action
AMBR	MIKHAEL, MILAD, MR	40737 US 19	<input type="checkbox"/> Add
		TARPON SPRINGS, FL 34689	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MATLY, LINA, MS	40737 US 19	<input type="checkbox"/> Add
		TARPON SPRINGS, FL 34689	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SELEEM, MARTIN M	40737 US 19 NORTH	<input type="checkbox"/> Add
		TARPON SPRINGS, FL 34689	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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