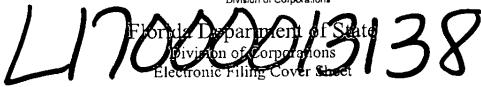
10/4/2017 Division of Corporations



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : M. FAEHNER, ESQ. LLC

Account Number : 120170000081 Phone : (727)443-5190

Fax Number : (727)474-9949

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

Email Address:__

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OCT 05 2017

From: M. Faehner, Esq. LLCFax: (727) 474-9949

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

M&L LUTZ LLC				
(Name of the Limited	Lability Compan Florida Limited L	y as it now appears of inhility Company)	n our records.)	
The Articles of Organization for this Limited Liab	oility Company v	were filed on $01/17$	//2017	_and assigned
Florida document number L17000013138	•			
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited li <u>abi</u> l	lity company here	:	• .
	·			<u> </u>
The new name must be distinguishable and contain the wor	ds "Limited Liabili	ty Company," the desig	gnation 'LLC' or the abbro	viation "LGLC."
Enter new principal offices address, if applical	ole:	40737 US 19 NOR	CTH	<u> </u>
(Principal office address MUST BE A STREET	ADDRESS)	TARPON SPRING	GS, FL 34689	
Enter new mailing address, if applicable:		40737 US 19 NOF	RTH	9: 42
(Mailing uddress MAY BE A POST OFFICE B	TARRON SPRINGS RI 34689			
B. If amending the registered agent and/o registered agent and/or the new registered offi	r registered of ice address here	Nee address on o	our records, enter th	ge name of the new
Name of New Registered Agent:	MICHAEL I. FAEHNER, ESQ.			
New Registered Office Address:	600 BYPASS I	ORIVE, SUITE 100		<u> </u>
		Enter Florida	a street address	
	CLEARWATE	R	, Florida ³³⁷⁶	4
		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 Repitered Agent, Signature of New Registered Agent

Page 1 of 3

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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	<u>Name</u>	Address	Type of Action
AMBR	MIKHAEL, MILAD, MR	40737 US 19	Add
		TARPON SPRINGS, FL 34689	Remove
			☐ Change
AMBR	MATLY, LINA, MS	40737 US 19	Acd
		TARPON SPRINGS, FL 34689	□ Веточе
		·	☐ Change
MGR	MGR SELEEM, MARTIN M	40737 US 19 NORTH	
		TARPON SPRINGS, FL 34689	Remove
		Remove	
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	A A CONTRACT	(optional)	
fective date, if other than the n effective date is listed, the date mu	i	of filing or more than 90 days after filing.) Pu	usuant to 605.02
ote: If the date inserted in this blooment's effective date on the D	ock does not meet the applicable surpartment of State's records.	atutory filing requirements, this date wil	I list be bales
record specifies a delaye The 90th day after the rec	d effective date, but not an e ord is filed.	effective time, at 12:01 a.m. on	the earlier
The source and re-			
OCTOBER 3	2017	1	
	Mus Do.	· // /-	
	Signature of a prember of authorized	representative of a member	

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