

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Corporate Filing Menu

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Help

S. WARREN FEB 1 9 2018

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LARU	ZUC
(Name of the Limited Lip (A Fig.	ability Company as it now gopears on our records.) Orda Limited Liability Company)
	ity Company were filed on 0.3/13/17 and assigned
This amendment is submitted to amend the following	ng:
A. If amending name, enter the new name of the	Elmited liability company here:
The new name must be distinguishable and end with the "L.L.C."	te words "Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable	520 Brickell Key Dr.
(Principal office address MUST BE A STREET A	DORESSI # A 1619 Miami, FL 33131
	<u> Miami, FL 33131</u>
Enter new mailing address, if applicable:	520 BRICKELL KEY DR
(Malling address MAY BE A POST OFFICE BO)	# A 1619 MIAHI, FL 33/31
	MIAMI, FL 33/31
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the name of the new address here:
Name of Now Registered Agent:	Change of address 520 BRICKELL KEY DR #A1619
New Registered Office Address:	520 BRICKELL KEY DR #191619 Enter Florida struet address
_	MIAMI Florida 33/3/ Circ Zip Code
New Registered Agent's Signature, if chapping Rech	•
I hereby accept the appointment as registered as	gent and agree to act in this capacity. I further agree to comply with the

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 filled 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, Stonature of New Registered Agent
Page 1 of 3

P PN STATE SEE, FLORIDA

if smeading the Managers or Authorized Member on our records, enter the fitte, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = M AMBR = A	anager uthorized Member		
Title	<u>Name</u>	Address	Type of Action
Amak	change of address	520 Brickell Key Dr.	Add
		# A 1619	Remove
		Hiami, FL 33131	
AMBR	Change of address	520 Brickell Key Dr.	Add
		# A 1619	Remove
		Hiami, FL 33131	
		Priorite	Add
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	Page 2	? of 3	PEC. F.
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A. If smoothing any other informa	•	•	
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. Effective date, if other than the	date of filing:	he more than 90 days at	(optional)
			(optional) ter filing.) (605.0207 (3)(
Effective date, if other than the fan effective date is listed, the date ated	1		(optional) ter filing.) (605.0207 (3)(
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SECRETARY OF STATE