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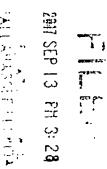
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J. HARRIS

COVER LETTER

SUBJECT: Good	Luck Groud Name of Limi	ed Liability Company	
The enclosed Articles of Ar	nendment and fee(s) are subr	nitted for filing.	
Please return all correspond	ence concerning this matter t	o the following:	
	Mustuzu	Pluminiumwala Name of Person	
	1	Gracia LLC Firm/Company	
		41/16 Dr. Apt 2	.J6
	Coral Springs	////33065 'City/State and Zip Code	
	Mustura 25 E-mail address: (to	(wa muil Com be used for future annual report notific	cation)
For further information con-	cerning this matter, please ca	II:	
Mulluza Alli, Name of Po	ninium wala	at (<u>954</u>) <u>391025</u> Area Code Daytime	Telephone Number
Enclosed is a check for the (following amount:		
∠□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Good Luck Group	
	ty Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability C Florida document number <u>L17.00166427</u>	Company were filed on $\frac{flugust - 22.2.27}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ited liability company here:
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDR	RESS)
	tin tri
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or regis	tered office address on our records, enter the name of the no
registered agent and/or the new registered office add	ress here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	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

Title	<u>Name</u>	Address	Type of Action
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Effective date, if other than the date of filing:		
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Note: I docume he reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of hay after the record is filed. Signature of a member or authorized representative of a member Muriuza Aluminium world	of:
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Filing Fee: \$25.00