117000209567

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	MAIL	
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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TALLAHUSSEE FI DANKA

AUG 0 6 2018 S. YOUNG

COVER LETTER

Division of C	Corporations .	***			
LUCELI SUBJECT:	USA LLC				
30b3cc1.	Name of Lin	nited Liability Company	-		
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.			
Please return all corres	pondence concerning this matter	to the following:			
	Pascal Gibert				
		Name of Person			
	Best Options LLC				
	·	Firm/Company			
	1145 Via Jardin				
		Address	-		
West Palm Beach, FL 33418					
		City/State and Zip Code			7
	pgibert@bestoptionsllc.cor			130	[-
For further information	E-mail address: (concerning this matter, please c	to be used for future annual report notifi all:	.cation)		
Pascal Gibert		561 214-2328 at ()		6: 1:2 1:3: 1:0:3:5:	
Namo	of Person		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)	Certified	e of Status &	

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

LUCELI USA 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 10/10/2017 and assigned I 17000209567

Florida document number Errobezosor		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4932 SW Aberdeen Cir.	
(Principal office address MUST BE A STREET ADDRESS)	Palm City 34990	
Enter new mailing address, if applicable:	4932 SW Aberdeen Cir.	基金 色 市
(Mailing address MAY BE A POST OFFICE BOX)	Palm City 34990	J:- 6
		<u> </u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our records, e:	enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Floo	rida
	$\subset W_{i}$	7 in 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

Zip Code

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>	<u>Address</u>	Type of Action
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		MONTAUROUX, . 83440 FR	■ Remove
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e record spec The 90th da				ot an effectiv	ve time, at	12:01 a.	m. on t	he earli	ier o
Pated		July 6	2018						
		AC	<i></i>						

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00