Division of Corporations

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H200000710543ABCT

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To:

Division of Corporations

: (850)617-6383 Fax Number

From:

Account Name : PRIME ACCOUNTING & CONSULTANCY LLC

Account Number : 120180000090 Phone Fax Num

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Enter the email address gannual report mailings. Enter only one email address please.

Email	Address:	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **LUI INVESTMENTS 18 LLC**

Certificate of Status	0
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Page Count	04
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Electronic Filing Menu

Corporate Filing Menu

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3-Mar-2020 10:02 -

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H200000710543

LUI INVE	ESTMENTS 18 LLC	
(Name of the Limited Liability (A Florida)	Company as it now appears on our recor- limited Liability Company)	<u>ds.,</u>)
The Articles of Organization for this Limited Liability Co	ompany were filed on 08/13/2018	and assigned
Florida document number 1.18000193517	<u></u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
ML IMPORT & EXPORT LLC		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LC	" or the abbreviation "L.L.C."
		2020 0.10
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	ESS)	
		<u> </u>
Enter new mailing address, if applicable:		
, ,		
(Mailing address MAY BE A POST OFFICE BOX)		. F
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
New Argunday Control of the Control	Emer Florida street addre	W
	r	lorida
·	City	Zip Code
New Registered Agent's Signature, if changing Registered	Agent:	
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag being filed to merely reflect a change in the registered company has been notified in writing of this change.	nd agree to act in this capacity. I fundate to act in this capacity. I fundate to my duties, a cent as provided for in Chapter 605.	nd I am familiar with and F.S. Or, if this document is
	If Changing Registered Agent, Signature	of New Registered Agent

HQ 00000 710 543
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>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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Note:	(optional) Sective date, if other than the date of filing: (optional) Sective date is fisted, the date must be specific and cannot be prior to date of filing or more than 90 days after (iling.) Pursuant to 605,0207 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the next's effective date on the Department of State's records.
he reco ord is f	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the lifed.
Dated	March 03 . 2020 .
	(A_{i}, \dots, A_{i})
	Signature of a member or authorized representative of a member