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JUL 12 2019 S. YOUNG

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	CT: ALLURE PROPERTIES INTERNATIONAL, LLC Name of Limited Liability Company	
The enc	osed Articles of Amendment and fee(s) are submitted for filing.	
Please r	eturn all correspondence concerning this matter to the following:	
	LUKAS P. SAMUELS Name of Person	
	ALLIRE PROPERTIES Firm/Company	
	1615 S CONDRESS AVE # 183	
	DELPLAY BEACH, FL 33445 City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For furt	per information concerning this matter, please call:	
	Name of Person at (330) 518, 5853 Area Code Daytime Telephone Number	
	is a check for the following amount:	
\$ 25	00 Filing Fee	

MAILING ADDRESS:

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 TO ARTICLES OF ORGANIZATION OF

ALLUKE PROPERTIES IND		<u>.LC</u>	····
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability C Florida document number <u>1900147735</u>	ompany were filed on	6419	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ted liability company her	<u>re</u> :	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the de	signation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	RESS)		5 7 5
·			= = = = = = = = = = = = = = = = = = = =
			1 28
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office add		our records, <u>e</u>	nter the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flori	da street address	
		Florid	
	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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Paris Samuas	1615 S (ONGRESS AUB #103 Devant Benon, FL 33445	X Add
			Remove
			Change
			Add
			Remove
			Change
			□ Remove
			Change
			Add
			□ Remove
			Change
			
			Remove
			Change
			Add
			□ Remove
			Change

D. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
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(If an efi Note:	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	JUNE 26 TH 2019
	Signature of a member of authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00