

Division of Corporations

Page 1 of 2

4900236501

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H20000033256 3)))



H200000332563ABCV

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : FOWLER WHITE BURNETT P.A.
Account Number : 071250001512
Phone : (305) 789-9200
Fax Number : (786) 437-4609

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: lross@fowler-white.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BANTUFY LLC**

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JAN 30 2020

Electronic Filing Menu

Corporate Filing Menu

Help

AUDIT NO. H20000033256 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BANTUFY 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 09/18/2019 and assigned
Florida document number L19000236501.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

LUDI LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

246 NW 85TH STREET RD
MIAMI, FL 33150

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

246 NW 85TH STREET RD
MIAMI, FL 33150

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

N/A

New Registered Office Address:

N/A

Enter Florida street address

City, Florida

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

AUDIT NO. H20000033256 3

AUDIT NO. H20000033256 3

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>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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AUDIT NO. H20000033256 3

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

2020 JAN 29 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FL

77

If the record 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 record is filed.

Dated JANUARY 28TH, 2020

Signature of a member or authorized representative of a member

LAURA ROSS, AUTHORIZED REPRESENTATIVE OF MEMBER

Typed or printed name of signer