## L200000 15784

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## **COVER LETTER**

	gistration Sect vision of Corpo		,		
	LUCKY 1440	SLLC			
SUBJECT:			ited Liability Company		
The encloses	d Articles of Ar	mendment and fee(s) are sub-	mitted for filing.		
Please return	n all correspond	fence concerning this matter	to the following:		
		Yisroel Lieberman			
		···	Name of Person	-	
			Firm/Company		
		4539 Royal Palm Ave			
			Address		
		Miami Beach Fl. 33140	. <u> </u>		
		dovie@harchavacapital.com	City/State and Zip C	ode	
		E-mail address: ()	to be used for future an	nual report notification	n)
For further i	nformation con	cerning this matter, please ca	aH:		
Yisroel Liel	berman		917 at (	407-6181	
	Name of P	Person	Area Code	Daytime Telep	phone Number
Enclosed is	a check for the	following amount:			
<b>\$25.00</b>	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing I Certified Cop tadditional copy	У	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Re	ailing Address: gistration Se		Reg	et Address: istration Section	
	vision of Co O. Box 6327	rporations		ision of Corporation Centre of Tallah	
	llahassee, FL	. 32314		5 N. Monroe Str	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LUCKY 1446 LLC			412
(Name of the Limited (A	Liability Company Florida Limited Lia	as it now appears on our bility Company	records.)
The Articles of Organization for this Limited Liab Florida document number L20000015784	ility Company w 	ere filed on	and assigned
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of th	<u>ie limited liabili</u>	ty company here:	
The new name must be distinguishable and contain the word	ls "Limited Liability	Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:		
(Principal office address MUST BE A STREET)	ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>		
B. If amending the registered agent and/or registered affice address to a series and/or the new registered office address to a series and the series are series and the series and the series and the series and the series are series ar		dress on our records,	enter the name of the new registere
Name of New Registered Agent:		<del></del>	<u> </u>
New Registered Office Address:		Enter Florida stree	t 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

<u>Title</u>	Name	Address	Type of Action
MGR	MAZZARESE, JOSEPH	21551 SOUTH WEST 94TH AVE	□Add
		CUTLER BAY, FL 33189	≣Remove
			□ Change
			□Add
			□Remove
			□ Change
	<del></del>		□Add
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		. 02/21/2020		( d b	
Effective date, if other that If an effective date is listed, the da	n the date of fil te must be specific:	ing:and cannot be prior to	o date of tiling or more	than 90 days after filing.	) Pursuant to 605,0207 (
Note: If the date inserted in t	his block does no	ot meet the applical	ble statutory filing re	equirements, this date	will not be listed as t
document's effective date on	ine Department o	a State's records.			
e record specifies a delayed ef	fective date, but r	not an effective tim	ne, at 12:01 a.m. on	the earlier of: (b) Th	e 90th day after the
Dated May 13	a	2020			
	11/2			<del></del>	
	0///				

Filing Fee: \$25.00

Typed or printed name of signee