LZO 000036634

(Req	juestor's Name)	
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MAR 2 0 2020 S. YOUNG

COVER LETTER

TO: Registrati	ion Section		
Division o	Corporations		
SUBJECT: LUDY	VINING LLC		
		Limited Liability Company	:
The enclosed Article	es of Amendment and fee(s) are	submitted for El	
Please return all corr	espondence concerning this ma	satisfied for fling.	
	this ma	tter to the following:	
	Noah David Ludwin		
		Name of Person	
	LUDWINING LLC		
		Firm/Company	
	15125 MICHELANGEL	LO BLVD # 201	
		Address	
	DELRAY BEACH, FL	33446	
	Noahludwin@yahoo.com	City/State and Zip Code	
Sor further information	concerning this matter, please	(to be used for future annual report not)	fication)
Noah David Ludwin		vuii.	
	of Person	561 5318374 at()	
. Tante	or Clscil	Area Code Daytime	Telephone Number
inclosed 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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration 9 Division of C P.O. Box 632	Section Orporations	Street Address: Registration Secti Division of Corpo	ion Orations
Tallahassee, I		The Centre of Tal 2415 N. Monroe S	lahassee

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LUDWINING LLC		2026	
(Name of the Limited	Liability Company as it now appears on our records.) Florida Limited Liability Company)	2020 FEB (1
The Articles of Organization for this Limited Liab	pility Company were filed on 2/19/2020	元 Selfind assigned	٦
Florida document number 01	·	THOUSE THE	j
This amendment is submitted to amend the follow	ving:	7:08	
A. If amending name, enter the new name of t	he limited liability company here:		
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LLC" or the	e abbreviation "L.L.C."	-
Enter new principal offices address, if applicab	ole:		-
(Principal office address MUST BE A STREET	ADDRESS)		-
Enter new mailing address, if applicable:			•
(Mailing address MAY BE A POST OFFICE BO	<u></u>		
B. If amending the registered agent and/or regagent and/or the new registered office address l	istered office address on our records, <u>enter the n</u> here:	ame of the new registe	<u>red</u>
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	, Florida	Zip Code	
New Registered Agent's Signature, if changing Reg	·		

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>	Address	Type of Action
AP	LUDWIN, NOAH D	15125 MICHELANGELO BLVD201DELRA	O'BEAC
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			□Remove
			□Change
			🗆 Add
			□Remove
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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					
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	•	M Laun belle Signature of a member of au	Living the sentative of	a member	

Filing Fee: \$25.00