## LZ0000110685

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## **COVER LETTER**

TO:

Registration Section

Division of Co	rporations		•	
SUBJECT: LUDUS H	AUS LLC			
SUBJECT: denoted	Name of Lin	nited Liability Company	<del></del>	
	Amendment and fee(s) are sub	-		
	Davey T. Jay, Esq.			
		Name of Person		
	Meehle & Jay, P.A.			
		Firm Company		
	1215 E Concord Street		<u>.</u>	ί Ι
		Address		- <sub>7</sub>
	Orlando, Fl. 32803			12 1 1 1 1 1 2 2 U
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code		
	E-mail address: (	to be used for future annual report noti-	ication	
For further information of	concerning this matter, please c	-	(Catholi)	
Davey T. Jay, Esq.		at (_407) 792 - 0790 Area Code Daytim		
Name o	of Person	Area Code Daytime	: Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclose	
Mailing Addre Registration Division of C P.O. Box 63: Tallahassee.	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroe Tallahassee, FL	porations allahassee 2 Street, Suite 810	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LUDUS HAUS LLC			
( <u>Name of the Limited L</u> (A F	iability Compa lorida Limited I	ny as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited Liabil Florida document number 1.20000110685	ity Company 	were filed on $\frac{4/23/20}{}$	and assigned
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	limited liab	ility company here:	
The new name must be distinguishable and contain the words	"Limited Liabi	lity Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	·:	31 NE 17th Street	·
Principal office address MUST BE A STREET A		Miami, FL 33132	<u>.                                    </u>
			<u> </u>
Enter new mailing address, if applicable:		31 NE 17th Street	1
Mailing address MAY BE A POST OFFICE BOX		Miami, FL 33132	2
			· · · · · · · · · · · · · · · · · · ·
3. If amending the registered agent and/or regis agent and/or the new registered office address ho		address on our records,	enter the name of the new regis
Name of New Registered Agent:	Davey T. Jay, i	isq.	
New Registered Office Address:	215 E Concor		
		Enter Florida street	address
<u>- C</u>	Orlando 		, Florida <u>32803</u>
		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>	Address	Type of Action
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	ormation, enter change(s) here: (Attach additional sheets, if necessary.)
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- 18-14	
Effective date, if other that	n the date of filing: (optional)
If an effective date is listed, the da	te must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,020, his block does not meet the applicable statutory filing requirements, this date will not be listed as
document's effective date on	the Department of State's records.
e record specifies a delayed et rd is filed.	fective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated September 22	. 2020
	Signature of a member or authorized representative of a member
	*( )

Typed or printed name of signee