## LZC000708053

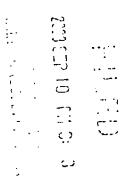
(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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## **COVER LETTER**

TO: Registration Se Division of Cor			
	LOVER GROUP		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	JORGE DEL REAL		
		Name of Person	
	LUCKY CLOVER GROU	JP	
		Firm/Company	
	9157 TIVOLI PLACE		
		Address	; 5 ,
	BOCA RATON, FL 3343-	4	
		City/State and Zip Code	——————————————————————————————————————
	GEODELREAL@GMAIL.		<u> </u>
	E-mail address: (	to be used for future annual report noti	fication)
For further information of	concerning this matter, please c	all:	
JORGE DEL REAL		561 305-6328 at ( )	
Name o	of Person		e 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 enclosed)
Mailing Addres		Street Address:	
Registration : Division of C		Registration Sec Division of Cor	
P.O. Box 632	-	The Centre of T	•
Tallahassee	FL 32314		e Street Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LUCKY CLOVER GROUP		
(Name of the Limited Liability Company as it now (A Florida Limited Liability Con	v appears on our records.) mpany)	
The Articles of Organization for this Limited Liability Company were filed	d on and assign	ed
Florida document number 1.20000208053		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability comp	<u>pany here:</u>	
The new name must be distinguishable and contain the words "Limited Liability Company	y," the designation "L.L.C" or the abbreviation "L.L.C	
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
- Trincipal inject was car inject be in blank but in but i		
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	1-3	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	· <u>·</u>	
	;	
B. If amending the registered agent and/or registered office address on	n our records, <u>enter the name of the new re</u>	egi:
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	nter Florida street address	
	Florida	

## 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.

Cirv

Zip Code

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
MGR	BUNGE, HORACIO	ΓΓΑΙ.ΙΑ 5208	□Add
		DIQUE LUJAN, BA 1623 AR	Remove
			□Change
MGR	PESCE, GABRIEL J	ARISTOBULO DEL VALLE 5155	□Add
		BENAVIDEZ, BA 1621 AR	Remove
			□Change
			□Add
			Remove
			¹□Add
		<u>ို့ ်</u> မ	□Remove
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	to
ffective date, if other than the date of filing.	(optional)
an effective date is listed, the date must be specific and cannot be prior to date of fili- ote: If the date inserted in this block does not meet the applicable statuto	ing or more than 90 days after filing.) Pursuant to 605.0
ocument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effective time, at 12:0 is filed.	I a.m. on the earlier of: (b) The 90th day after
SEPTEMBER 4TH 2020	5
ated	
Signature of a member of authorized repres	

Filing Fee: \$25.00