

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : NATIONS BUSINESS CENTER, INC.

Account Number : 1200000000238 Phone

: (305)591-9448

Fax Number

: (954)753-3447

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

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# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

#### LUKILAND, LLC

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### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lukiland , LLC			
(Name of the Limited Liability Company as (A Florida Limited Liabilit	it now appears on our records.) y Company)		
The Articles of Organization for this Limited Liability Company were	filed on January 6, 2022	and assi	gned
Florida document number L22000001775			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability c	ompany here:		
The new name must be distinguishable and contain the words "Limited Liability Con	mpany," the designation "LLC" or the	abbreviation "L.I	C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
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Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
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B. If amending the registered agent and/or registered office address agent and/or the new registered office address here:	ss on our records, enter the nai		registered
		2022 SELD	
Name of New Registered Agent:			
New Registered Office Address:		388 1471 10	<del></del>
tiew Registered Office Address.	Enter Florida street address		
	Florida		
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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.

□ Change

#### 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
AMBR	Bayview Investments SAC	Calle Luis Pasteur 1475	
		Lince Lima, Peru 15073	□Remove
			☐ Change
MGR	Luis F. Bertello Segu	5551 N University Drive Suite 103	
		Coral Srings FL 33067	□Remove
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Effect	ive date, if other than the date of filing: 12/22/2021 (opt	·	ATE )RHD/	52
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Luis Felipe Bertello