L23000440001

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COVER LETTER

TO: Registration Se Division of Cor							
CUBICT	Lumalee ?	bruices LLC					
SUBJECT:		nited Liability Company					
	radio or bin	med Blacking Company					
		· ·					
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please return all correspo	ndence concerning this matter	to the following:					
	ALVIDA	ISSE ABEIDI					
	·	Name of Person					
		Firm/Company					
	2787 M	EAD ALE					
		Address					
	ST CLOUD !	FL 34 77 1					
		FL 34 77 / City/State and Zip Code					
		TDIO HOTMAT L.COM	,				
	• •	to be used for future annual report not					
For further information c	oncerning this matter, please c	all:					
Aludalisas	Asseicli	at (654) 2410 Area Code Daytin)4 8 0				
Name of Person		Area Code Daytin	ne Telephone Number				
Enclosed is a check for the	ne 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 Addres		Street Address:	potion				
Registration S		Registration Se Division of Co					
Division of C P.O. Box 632	•	The Centre of	-				
Tallahassee, l			2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(A L)	ortida Limited Liability Company)
The Articles of Organization for this Limited Liabili Florida document number <u>L 23000440061</u>	y Company were filed on 9/01/03 and assigned
This amendment is submitted to amend the following	<u>;</u>
A. If amending name, enter the new name of the	or Club LLC
	Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET AD	DRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or register agent and/or the new registered office address here	ed office address on our records, enter the name of the new registered:
Name of New Registered Agent:	
New Registered Office Address:	
-	Enter Florida street address
	, Florida
law Degistared Aponts Single 15	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 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
			□ Add
			□Remove
			□Change
		···	
			□ Change
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-	ies a delayed	effective date, bu	it net an effec	ctive time, a	at 12:01 a.m.	on the earlie	rof:(b) The	e 90th day after	the
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Filing Fee: \$25.00