211000044861

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						

Special Instructions to Filing Officer:

A. LUNT

MAY 11 2011

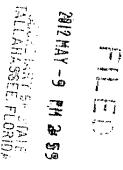
EXAMINER

Office Use Only



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COVER LETTER

TO: Registration : Division of Co							
SUBJECT:	LOQUE GROW	PMIAMI CLC					
SUBJECT:	Name of Lim	PMIAMI CCC. ited Liability Company					
	of Amendment and fee(s) are su						
	LY1	VDA AKOSTE6 Name of Person	<u> </u>				
		Address MIAMI, FL 33/86 City/State and Zip Code					
		MIAMI, FL 3318 City/State and Zip Code	6 3 3				
		to be used for future annual report notifica	ation)				
	concerning this matter, please of AROST F & U	call: 1 at (305) 253 - 480 Area Code & Daytime T	26 Celephone Number				
Enclosed is a check for		Area code & Dayline	elephone (valine)				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				
	LING ADDRESS:	STREET/COURIE	R ADDRESS:				

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u>GOQUE</u> GR (Name of the Limited Li	OUP MIAM	1 110			
(Name of the Limited Lie (A Fl	ability Company as it is orida Limited Liability	now appears on ou Company)	ır records.)		
The Articles of Organization for this Limited Liab	ility Company were fil	led on	4/2011	and assign	ned
This amendment is submitted to amend the followi	ing:				
A. If amending name, <u>enter the new name of th</u>	e limited liability cor	npany here:			
LA DEC	OR HOME	LLC			
The new name must be distinguishable and end with the 'L.L.C."	he words "Limited Liab	ility Company," the	e designation "	LLC" or the abb	reviation
Enter new principal offices address, if applicabl	le:	12239 5	W 129	COURT	-
Principal office address MUST BE A STREET A	ADDRESS)	12239 S. MIAMI,	FL 33	3186	
•					<u></u>
Enter new mailing address, if applicable:		CAME		ALT VIEW	D.
Enter new manning address, it applicable: Mailing address MAY BE A POST OFFICE BO		SAME		50.2	0.00 0.00 0.00
Maning dauress MAT BEAT OST OFFICE BO	<u></u>			MG _	
			-	7.4	101
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office add	lress on our rec	cords, <u>enter 1</u>	the name of t	he new
			•	. (2)	
Name of New Registered Agent:	LYNDA M	1. AROSTE	E6U1		
New Registered Office Address:	12239 50	W 129 C Enter Flor	OURT rida street ada	lress	
_	MIAM	/	, Florida	33186	<u> </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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member Title <u>Name</u> <u>Address</u> **Type of Action** ☐ Add ☐ Remove ☐ Add Remove ___ Add Remove ☐ Add Remove Add Add. Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00