

L1300000 199 83

(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:

Office Use Only



100260725031

06/02/14--01024--012 **30.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATE AFFAIRS
14 JUN - 2 PM 4: 39

JUN 06 2014
J. HARRIS

Monday, May 26, 2014
1:41 PM

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Lan Advanced Systems, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Eli Schwartz

Name of Person

Lan Advanced Systems

Firm/Company

171 Glen Ave S

Address

Lakewood, NJ 08701

City/State and Zip Code

eli@langroup.biz

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Eli Schwartz

Name of Person

at **855 526-7978**

Area Code

Day time Telephone Number

Enclosed is a check for the 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 ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Lan Advanced Systems, LLC

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

The Articles of Organization for this Limited Liability Company were filed on February 7, 2013 and assigned Florida document number L13000019983.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: 5001 Collins Ave
(Principal office address MUST BE A STREET ADDRESS) Suite 2B
Miami Beach, FL 33140

Enter new mailing address, if applicable: 171 Glen Ave S
(Mailing address MAY BE A POST OFFICE BOX) Lakewood, NJ 08701

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: 5001 Collins Ave, Suite 2B
Enter Florida street address
Miami Beach, Florida 33140
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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 JUN -2 PM 4:39

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
 AMBR = Authorized Member

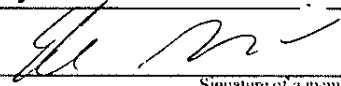
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 16 JUN - 2 PM 4: 39

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated May 26 _____, 2014



Signature of a member or authorized representative of a member

Eli Schwartz

Typed or printed name of signee

14 JUN - 2 PM 4: 39
SECRETARY OF STATE
DIVISION OF CORPORATIONS