14000067513

Office Use Only



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COVER LETTER

Division of Cor				
LA GROUI	P LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
lease return all correspo	ondence concerning this matter	to the following:		
	LINA ARANGO			
		Name of Person		ĵ
	17201 COLLINS AVE #29	Firm/Company 902	TE TO THE	= T1
	SUNNY ISLES, FL 33160	Address	- T. 10	
	linaarango.u.@gmail.com	City/State and Zip Code		
	E-mail address: (to be used for future annual report notific	cation)	
For further information c	oncerning this matter, please ca	all:		
Lina Arango		954 292-0595 at ()		
Name o	of Person		Felephone 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)	☐ \$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

L A Group LLC		
(Name of the Limited Liab (A Flor	bility Company as it now appears on our reco rida Limited Liability Company)	rds.)
The Articles of Organization for this Limited Liability Florida document number 114000067513	Company were filed on 04/24/2014	and assigned
This amendment is submitted to amend the following:	 · :	
a. If amending name, enter the new name of the li		
/a	 	
he new name must be distinguishable and contain the words "I	Limited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:	N/A	2 3
Principal office address MUST BE A STREET AD	DRESS)	
Inter new mailing address, if applicable:	N/A	
Mailing address MAY BE <u>A</u> POST OFFICE BOX)		ア
B. If amending the registered agent and/or registered agent and/or the new registered office a	*:r	ds, enter the name of the
Name of New Registered Agent: N/A	1	
New Registered Office Address:		Fait.
	Enter Florida street add	ress
	 City	Florida Zin Code
	Çıi	ay com

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

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
AMBER	MERCEDES URIBE MONTOYA	17201 COLLINS AVE #2902 SUNNY ISLES, FL 33160	_ ■ Add
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		01-01-201					
Effective date, if other that if an effective date is listed, the da Note: If the date inserted in the document's effective date on	te must be specific his block does n	and cannot be pricot meet the appl	or to date of filing icable statutory	or more than 90 da	(optional) ys after filing.) nts, this date w	Pursuant to vill not be	605,0207 listed as
e record specifies a de The 90th day after the			ot an effecti	ve time, at 12	2:01 a.m. o	n the ea	arlier of
March 22 Dated		2019					
<u> </u>	$\overline{}$	 '					

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Typed or printed name of signee

Filing Fee: \$25.00