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SECRETARY OF STATE
TALLAHASSEE FI ONLY

COVER LETTER

TO: Registration S Division of Co	Section orporations			
SUBJECT:	LA G	SORCE LLC		
-	Name of Lim	ited Liability Company		
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.		
Please return all corresp	oondence concerning this matte	r to the following:		
	A	GOSTINHO CALCADA		
		Name of Person		
	LA GORCE LLC		2818 AUG -2 SECRETARY TALLAHASSI	
		Firm/Company		ESS AS
	555 NE 15TH STREET #200			TAR 2
		Address		
		MIAMI, FL 33132		- Total 4:
	The Contract of the Contract o	City/State and Zip Code		
	AGC	O@PLANETSUSHI.COM		-44 <u>T</u> .
For further information	concerning this matter, please	•	Sinication)	
ALLA	N KOLTUN, CPA	at (305)	374-0041	
Name	of Person		time Telephone Numbe	π
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)	sed) Certifie	ate of Status &
Regis Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 hassee, FL 32314	STREET/COU Registration Sec Division of Cor Clifton Building 2661 Executive Tallahassee, FL	porations - 3 Center Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LA GOR			
(Name of the Limited Liability Compr (A Florida Limited	ny as it now appear Liability Company)	s on our records.	
The Articles of Organization for this Limited Liability Company	were filed on	7/27/2006	and assigned
Florida document numberL06000074654			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	oility company her	<u>e</u> :	
The new name must be distinguishable and end with the words "Lin	nited Liability Compa	ny," the designation	"LLC" or the abbreviation
"L.L.C."			7a 2a
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			AH SS
			Control of the Contro
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of	iffice address on a	our records, enter	the name of the new
registered agent and/or the new registered office address he		· · · · · · · · · · · · · · ·	010 110 07 020 220
Name of New Registered Agent:			
New Registered Office Address:			
	En	ter Florida street a	ddress
		, Florida _	
	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	AGOSTINHO CALCADA	555 NE 15TH ST #200 MIAMLEL 33132	Add Remove
MGRM	ALBAN TORRES	555 NE 15TH ST #200 MIAMLEL 33132	✓ Add ☐ Remove
			Add Remove
			Add Remove
			20 LAN YEAR Add Prove 3:
D. If amendi	ng any other information, enter change	e(s) here: (Attach additional sheets, if necessary	A CONTRACTOR
Dated	129/10		
-	AGO	or authorized representative of a member STINHO CALCADA or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00