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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H11000210143 3)))



H110002101433ABCN

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To:

Division of Corporations

Fax Number ; (850) 617-6383

From:

Account Name : J L HOFMANN & ASSOCTATES, P.A.

Account Number : 719990000022 : (305)666-0024 : (305)666-0028 Fax Number

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EXAMINER 08/23/11

H110002101433

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

75.7	Pay Ame	rica, LLC				
(Name of the Limite	A Florida Limited I	ny as it naw appears on t Liability Company)	our records.)			
The Articles of Organization for this Limited L	Liability Company	were filed onAp	ril 13, 2011	and :	assigne	:d
Florida document numberL1100004	4101					
This amendment is submitted to amend the following	lowing:					
A. If amending name, cuter the new name of	of the fimited liab	oility company here:				
	LAR Phot	· · · · · · · · · · · · · · · · · · ·				
The new name must be distinguishable and end with L.L.C."	ith the words "Lim	ited Liability Company," t	he designation "l	LLC" or th	ie abbre	viation
Enter new principal offices address, if applie	cable:	2125 NW 86 Aver	nue	<u> </u>		
(Principal office address MUST BE A STREET ADD).		Doral, FL 33122		: .	E	
					က <u>လ</u>	
Enter new mailing address, if applicable:		2125 NW 86 Aven	iue		<u>:</u>	
(Mailing address MAY BE A POST OFFICE BOX)		Doral, FL 33122		<u> 5</u> 5	<u>.</u>	
				<u></u>	へ <u>シ)</u> 、 _	
B. If amending the registered agent and registered agent and/or the new registered o			ecords, <u>enter t</u>	he name	of the	e new
Name of New Registered Agent:	United State	United States Registered Agents, Inc.				
New Registered Office Address:	New Registered Office Address: 420 S. Dixie Highway, Suite 4B					
	Finler Florida street address					
	C	oral Gables	, Florida	331		
	City Zip 0				nde	

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

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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>	Name	Address	Type of Action
MGRM	Kawa Investments, LLC	846 Lincoln Road Fourth Floor Miami Beach, FL 33139	Add Remove
<u>MGRM</u>	Strasburg Business Group Ltd	846 Lincoln Road Fourth Floor Miami Beach, FL 33139	Add Ø Romove
<u>MGRM</u>	Progresso DF, LLC	2125 NW 86 Avenue Doral, FL 33122	Add Remove
			Add Remove
			Add Remove
			_∏∧dd Remove
D. If amendin	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)	**************************************
		· · · · · · · · · · · · · · · · · · ·	
Dated	Sonr	<u>```</u>	
_	Joh Tyned or	n L. Hofmann printed name of signee	
	•	D 2 nf 2	

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Filing Fee: \$25.00