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To:

Division of Corporations

Fax Number : (850)517-6383

From:

Account Name : DP GLOBAL BUSINESS

Account Number : I20130000083

Phone : (305)359-3700

Fax Number : (786)217-1243

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LAGORCE 64 LLC

Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

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TO:18506176383 FROM:7862171243

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COVER LETTER

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	€
ľO:	Registration Section
	D: () CO

Div	ision of Corporations
SUBJECT:	LAGORCE 64 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:
	SONA BOTERO
	Name of Person
	JP GLOBAL BUSINESS SOLUTIONS INC
	Firm/Company
	1395 BRICKELL AVE STE 1380
	Address
	MIAM(FL 3313)
	City/State and Zip Code MASTER@JPGBSINESS.COM

For further information concerning this matter, please call:

SONIA B	OTERO
---------	-------

Name of Person

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

Daytime 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

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ARTICLES OF AMENDMENT

ARTICLES OF ORGANIZATION ((HP1000 327692 3))

FIJ FI

		1 1/2mm (cm)
LAGORCE 64 LLC		
(<u>Name of the Limited Llabili</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)	5813 NOV -P & 13: 4P
The Articles of Organization for this Limited Liability C	ompany were filed on 10/25/2016	and assigned AUGUE TEURIDA
Florida document number _L16000196802	<u>_</u> .	(+CLANASSEE, FLORIDA
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Cumpany," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		•
(Principal office address MUST BE A STREET ADDR	VESS)	
		The state of the s
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		er the name of the new
Name of New Registered Agent:		
New Registered Office Address:	F1 11	
	Enter Florida street address	
	, 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 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

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11/6/2019 11	:34 AM PST	TO:18506176383	FROM: 7862171243	Page: 4
If amending Auth	orized Person(s) a	authorized to manage, enter the	title, name, and address of each per	son being added
or removed from o	our recoraș:		(1 Dian	103279923))
MGR = Manage	r		((1111))	WICKELL -II

MGR = Manager AMBR = Authorized Member

<u>Name</u>	Address	Type of Action
NORA S PERAZA	ATT FLORIDA PMG CORP	
	936 SW IST AVE UNIT 238	
		Remove
	MIAMI, FL 33131	
		☐ Change
JONATHAN CHOGUI	ATT FLORIDA PMG CORP	
	936 SW IST AVE UNIT 238	
		Remove
	MIAMI, FL 33131	
		Change
		□ Remove
		Change
		
		□ Pama
		CI Remove
		Change
	***	O Clanige
		□ Remove
		
		Change
		Remove
		Change
	NORA S PERAZA	NORA S PERAZA ATT FLORIDA PMG CORP 936 SW 1ST AVE UNIT 238 MIAMI, FL 33131 JONATHAN CHOGUI ATT FLORIDA PMG CORP 936 SW 1ST AVE UNIT 238 MIAMI, FL 33131

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1/6/2019 D. If an	9 11:34 AM PST TO:18506176383 FROM:7862171243 Page: 5 mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	3)
(lian;e	tive date, if other than the date of filing: ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after tiling.) Pursuant to 605.0207 (3Xb) If the date inserted in this block does not meet the applicable extrator of the specific and cannot be prior to date of filing or more than 90 days after tiling.) Pursuant to 605.0207 (3Xb)	
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.	
If the re (b) The	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.	
Dated	November 6th 2019	
	Signature of a member or authorized representative of a member	
	NORA S PERAZA	
	Typed or printed name of signee	
	Page 3 of 3 ((AP 000 327992 3))	

Filing Fee: \$25.00