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TRANSMITTAL LETTER

TO: Registration Sect Division of Corp		.95	-
SUBJECT:	LA CHS (Name of Lin	mited Liability Company)	
The enclosed Articles of A	Amendment and fec(s) are sub	omitted for filing.	
Please return all correspon	ndence concerning this matter	r to the following:	
_	LAZAKI	1 CASANOVA Name of Person)	
	(1	Name of Person)	
	LA C.	AS LLC Firm/Company)	
	(Firm/Company)	
	11535	SW 185 St.	
	Manl,	SW 185 St. (Address) PL 33157 (State and Zip Code)	<u></u>
	(City	/State and Zip Code)	
For further information co	oncerning this matter, please	call:	
LAZARA	CASANOVA	at (186) 70°	9-8186
	(Name of Person)	(Area Code & Daytimo	: Telephone Number)
Enclosed is a check for the f	ollowing amount:	-	
☐ \$25.00 Filing Fce	\$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)

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Present Name)
(A Florida Limited Liability Company)

FIRST:	The Articles of Organization were filed on APRIL -02 - 2002 and assigned document number	•
SECOND:	The following amendment(s) to the Articles of Organization was/were adopted by the liability company:	limited
	Add LAZARA CASANOVA AS MANAGING MEMBER ORIGINAL FILING FORM BY Attorney Ruben Denta. of APRIL 2,2002. The Address is 1/535 SW 16 MIAMI, PC. 33157, And Delete Daniel Ch	1N 85 5t.
Dated	June 20, 2005	05 JUJ 22 PH 3: 2
	Signature of a member or authorized representative of a member LAZARA CAZAROVA Typed or printed name of signce	₩

Filing Fee: \$25.00

Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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Account Name

: EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255

Phone Fax Number

(305) 634-3694 : (305)633-9696

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LIMITED LIABILITY COMPANY

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Certificate of Status	0
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Page Count	02
Estimated Charge	\$155,00



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ARTICLES OF ORGANIZATION

OF

LACASILC.

These Articles of Organization are made for the purpose of organizing a Florida Limited Liability Company under the Florida Limited Liability Company Act (Florida Statutes Chapter 608).

ARTICLE I-NAME

The name of this limited liability company LACAS LLC.

ARTICLE II-ADDRESS

The mailing address and street address of the Company's principal office is:

11535 \$W 185th Street Miami, FL 33157

RTICLE III-REGISTERED AGENT AND OFFICE
The residence of the second se

The name of the Company's initial registered agent is:

Lą**z**ara casanova

The succt address of the Company's initial registered agent is:

11535 SW 185" Street Miami, FL 33157

APR -8 PH 4: 39 CRETARY OF STATE LAHASSEE, FLORIT

ARTICLE IV-MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore a manager-managed company.

The undersigned Member has executed these Articles of Organization effective as of the Sth day of April, 2002.

In accordance with section 608.408 (3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

THIS INSTRUMENT WAS PREPARED BY:
RUBEN F. DORTA, P.A.
6011 West 16th Avenue
Hizlesh, FL 33012
FBN: 441066

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LAWRENCE A. DUPREY

ACCEPTANCE OF REGISTERED AGENT

Having been named as registered agent and to accept service of process for LACAS LLC., at the place designated in its Articles of Organization, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Dated this 5th day of April, 2002.

LAZMACASANOVA

STATE OF FLORIDA)

33

COUNTY OF MIAMI-DADE)

BEFORE ME, the undersigned authority, personally appeared, LAZARA CASANOVA, known to me to be the person described in and who executed the foregoing instrument, who acknowledged before me that she executed the same, that I relied upon the following forms of identification of the above-name person: Personally known.

WITNESS my hand and official seal, this 5th day of April, 2002, in the County and State

aforesaid.

NOTARY PUBLIC, STATE OF FLORIDA AT LARGE

My commission expires:

RUBEN DORTA Natary Public, State of Florida My comm. exp. June 25, 2003 Comm. No. CC843559

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