## 106000 41776

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## **COVER LETTER**

то:	Registration Sec Division of Corp							
enn ica		L A F Investments, LLC						
SUBJEC	CT:	Name of Limi	ited Liability Company					
The encl	losed Articles of a	Amendment and fee(s) are sub	mitted for filing.					
Please re	eturn all correspor	ndence concerning this matter	to the following:					
		Lester A Fernandez						
			Name of Person					
-		L A F Investments, LLC						
			Firm/Company	<del></del>				
		107 W 24th St						
		-	Address	<del></del>				
		Hialeah, FL 33010						
			City/State and Zip Code					
		vania@lvelectriccorp.com						
		E-mail address: (	to be used for future annual report notifi	cation)				
For furth	ner information co	oncerning this matter, please ca	all:					
Lester /	\ Fernandez		305 525-1025					
	Name of	Person	Area Code Daytime	Telephone Number				
Enclose	d is a check for th	e 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 F Investments, LLC		
(Name of the Limited Liability Compar (A Florida Limited L	y as it now appears on our records.) lability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L06000041776</u> .	were filed on <u>4/21/2006</u>	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	び
he new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
Principal office address MUST BE A STREET ADDRESS)		<u>,</u>
		, ,
		; 5
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		enter the name of the
Name of New Registered Agent:		<del></del>
New Registered Office Address:	Enter Florida street address	
	. Flor	ida
	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

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
MGR	VANIA HERNANDEZ	107 W 24TH ST HIALEAH, FL 33010	<b>≡</b> Add
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	<del></del>		Add Pamove
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f an effective d	te, if other than attention is listed, the date	must be specific ar	nd cannot be pr	or to date of fil	ing or more than	90 days after fili	ing.) Pursuant to	605.020
Note: If the o	date inserted in this	s block does not	meet the app	licable statuto	ry filing require	ements, this da	ate will not be	listed as
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Typed or printed name of signee

Filing Fee: \$25.00