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SECRETARY OF STATE

° COVER LETTER

TO:	Registration S Division of Co					
CHRII	PCT:	La	ipsi, LLC			
SOBJE	Name of Limited Liability Company					
The en	closed Articles o	of Amendment and fee(s) are sub	omitted for filing.			
Please	return all corres	oondence concerning this matter	to the following:			
	Alpa Patel Name of Person					
Lapsi, LLC			Lapsi, LLC			
Firm/Company				,		
	13176 N. Dale Mabry Hwy., #232					
Address						
	Tampa, FL 33618 City/State and Zip Code					
	alpie999@yahoo.com E-mail address: (to be used for future annual report notification)					
For fu	rther information	concerning this matter, please of	•	iouncation)		
		Alpa Patel	at (813)	464-0897 ytime Telephone Number		
	Name	of Person	Area Code & Da	ytime Telephone Number		
Enclos	sed is a check for	the following amount:				
✓ \$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is encl	S60.00 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		Registration S Division of Co Clifton Buildi	orporations ng e Center Circle			

ARTÍCLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

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SECRETARY OF STATE

Lapsi, LLC		COSEE FLORIDA
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oility Company were filed on	07/10/2006	and assigned
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ring:		
he limited liability company he	<u>re</u> :	
the words "Limited Liability Comp	any," the designation "I	LC" or the abbreviation
ole:		
ADDRESS)		
<u> </u>		
registered office address on ce address here:	our records, enter	the name of the nev
Enter Florida street address		
City	, Florida	Zip Code
	iability Company as it now appealorida Limited Liability Company) polity Company were filed on	iability Company as it now appears on our records.) lorida Limited Liability Company) bility Company were filed on

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

Type of Action Title Title Name <u>Address</u> **MGRM** Carlos Gomez 13176 N. Dale Mabry Hwy., #232 Remove Tampa, FL 33618 ___ Add Remove ___ Add Remove □Add ___Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) SECRETARY OF STATE TALLAHASSES FLORIDA Dated _____ June 2 2009 Signature of a member or authorized representative of a member Alpa Patel Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00