

LD6000114404

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

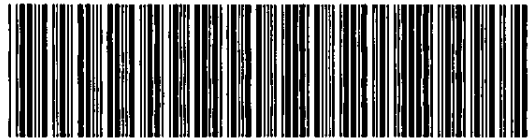
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. Gulligan

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: L.A.C. Realty 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:

Alejandra Clifford
Name of Person

L.A.C. Realty
Firm/Company

5550 Glades Rd. Suite 500
Address

Boca Raton, FL 33431
City/State and Zip Code

alex.clifford@bellsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alejandra Clifford at (786) 291-2821
Name of Person Area Code 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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

16 JAN 11 AM 9:49

L.A.C. Realty LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

SECRETARY OF STATE
FLORIDA

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned
Florida document number L06000114404.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

5550 Glades Rd.

Suite 500

Boca Raton, FL 33431

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5550 Glades Rd.

Suite 500

Boca Raton, FL 33431

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

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

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>	<u>Address</u>	<u>Type of Action</u>
MGR	ULACIA, ISAIDA ESTHER	11031 SW 153 ST	<input type="checkbox"/> Add
		Miami, FL 33157	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Rodriguez, Lourdes C.	11031 SW 153 ST	<input type="checkbox"/> Add
		Miami, FL 33157	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	VILLETA, MOISES A.	11031 SW 153 ST	<input type="checkbox"/> Add
		Miami, FL 33157	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	RODRIGUEZ, ANTONIO	11031 SW 153 ST	<input type="checkbox"/> Add
		Miami, FL 33157	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

E. Effective date, if other than the date of filing: 01/01/2016 (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 01/05/2016, 2016.

Lee Clifford
Signature of a member or authorized representative of a member

Alejandra Clifford
Typed or printed name of signee