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JUN - 4 2008

EXAMINER



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06/03/08--01022--004 **25.00

08 JUN -3 PM 1: 57

SECRETARY OF SIATE

COVER LETTER

TO: Registration Sec Division of Corp					
SUBJECT:	LA CoSECHA (Name of Limite	LC.			
	(Name of Limite	ed Liability Company)			
	mendment and fee(s) are subm	_			
	Ju	Vio CHANG (Name of Person)			
		,			
	LA CO	SECHA LLC (Firm/Company)			
		(Firm/Company)			
	82105	SW 44 ST (Address)			
		(Address)			
	Hiani	City/State and Zip Code)			
	((City/State and Zip Code)			
For further information concerning this matter, please call:					
GEORGIA Name of	DA JORGE	at (305) 229-52 (Area Code & Daytime T	elenhone Number)		
in animity	1 0/3011)	(rada codo de sayamo r	oraphono (vaniou)		
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:

- 7

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 ##SECRETARY OF STATE ARTICLES OF ORGANIZATION OF ## JUN -3 PM + -

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

(A Plorida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on Alack 2, 2007 and assigned Florida document number 6070000 31069.

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 end with 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)

Enter new malling address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

(Enter Florida street address)

(City), Florida (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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 emending 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 = Mar MGRM = M	nager Ianaging Member		
<u>Title</u>	Name	Address	Type of Action
<u>M</u> G RM	Island Prolenties IN	W. (16 3301 NW 82 40 Ave DORAL FL 33122	Add Remove
MGRM	Justo L. PEREZ	6981 NW 7451 MEDLEY PL 33166	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary.)	
	//	16	
Dated		io Chaece er or authorized representative of a member	
		d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00