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T. CLINE

JUL 15 2003

EXAM

COVER LETTER

SUBJECT: <u>LAP V</u>	ennture Group, LLC (Name of Lin	nited Liability Company)			Ø
The enclosed Articles o	f Amendment and fee(s) are sul	bmitted for filing.			
Please return all corresp	ondence concerning this matter	r to the following:			
·	Michael Rosenbaum				
		(Name of Person)			
	Rosenbaum Internationa	al Law Firm, P.A.	_		
		(Firm/Company)			
	755 41st Street, Miami E				
		(Address)			
	Miami Beach Florida 331	140		-# <u>=</u>	
		(City/State and Zip Code)			Special Land
For further information	concerning this matter, please c	call:		当時に	State S
Michael Rosenbaum		at (305) 672-3770		至至	
(Name	of Person)	(Area Code & Daytime T	elephone Numbe	MII: 20	
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)	Certified	te of Status &	ed)

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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

LAP Vennture Group, LLC		
(Name of the Limited Liability Con (A Florida Limite	npany as it now appears on ed Liability Company)	our records.)
The Articles of Organization for this Limited Liability Comp	any were filed on 06/27/08	and assigned
Florida document number L08000063143	*	
		·
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
LAP Venture Group, LLC		
The new name must be distinguishable and end with the words "L".L.C."	imited Liability Company,"	the designation "LLC" or the abbreviate
Enter new principal offices address, if applicable:	•	
(Principal office address MUST BE A STREET ADDRESS	2	Carrier Control
	<u> </u>	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		20 175 175 175
B. If amending the registered agent and/or registered registered agent and/or the new registered office address I		records, enter the name of the no
		• •
Name of New Registered Agent:	·	
New Registered Office Address:		
	(Enter 1	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 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 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

<u> Fitle</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
· 		•	Add Remove
			CAdd Remove Rem
D. If amen	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessar	
_			·
_	·		_
Dated	July 10 2008		_
	Signature of a membe Michael Rosenbaum, A	r or authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00