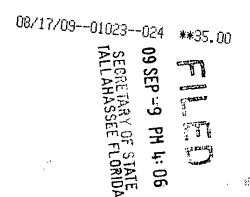
# L08000063143

(Req	uestor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
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## FLORIDA DEPARTMENT OF STATE Division of Corporations

September 3, 2009

LUIGI PALMA 1745 WEST 23 STREET MIAMI BEACH, FL 33140

SUBJECT: LAP VENTURE GROUP, LLC

Ref. Number: L08000063143

We have received your document for LAP VENTURE GROUP, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Letter Number: 509A00028220

Neysa Culligan Regulatory Specialist II

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

## **COVER LETTER**

TO: Registration Section Division of Corporations							
SUBJECT: LAP VENTURE Group  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:							
LUIGI Palma Name of Person							
LAP VENTURE GROUP Firm/Company							
1745 W. 23rd Street							
Miami Beach, A. 33140 City/State and Zip Code							
E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
LUIGI PAIMA at (305) 176 - OG77  Name of Person Area Code & Daytime Telephone Number							
Enclosed is a check for the following amount:							
\$25.00 Filing Fee Certificate of Status CIrcady Paid  \$55.00 Filing Fee & Certificate of Status & 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

09 SEP -9 PM 4: 06

LAP Ventur (Name of the Limited Lia (A Flo	C (110)  Solida Limited L	y as it now appears on lability Company)	SECRE TALLA! our records.)	TARY OF STATE	
The Articles of Organization for this Limited Liabile Florida document number L08000631	lity Company			and assigned	
This amendment is submitted to amend the following	ng:				
A. If amending name, enter the new name of the	e limited liabi	lity company here:			
The new name must be distinguishable and end with th	e words "Limit	ed Liability Company,"	the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applicable:		1745 W. 23 <sup>rd</sup> ST MIAMI BCACH, FI. 33140			
(Principal office address MUST BE A STREET ADDRESS)		MIami Beach, Fl. 33140			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO.	<u>x)</u>	1745 W. 2. Miami Bo	3 <sup>rd</sup> ST. Bach, Fi.	<i>3</i> 3140	
B. If amending the registered agent and/or registered agent and/or the new registered office			records, <u>enter t</u> l	ne name of the new	
Name of New Registered Agent:		Paima W 23rd S		•	
New Registered Office Address:	1745 W. 23 <sup>rd</sup> ST.  Enter Florida street address				
1	MIami	BCALH City	, Florida	33140 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 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							
<u>Title</u>	<u>Name</u>	Address	Type of Action				
C/D MGR	Michael Rusenbaum	155 41 <sup>St</sup> Street Miami Beach, Fl. 35140	Add ☐ Remove				
<u>MGR</u>	Luigi Palma	1745 W. 23 <sup>rd</sup> St. Miami Beach, Pt. 33140	Add Remove				
			Add Remove _				
			Add Remove				
			Add Remove				
			Add Remove				
D. If amendir	ng any other information, enter change(s	s) here: (Attach additional sheets, if necessary.)	_				
  Dated	With the same of t	<u> </u>	O9 SEP -9 PM 4: 06 SECRETARY OF STATE TAIL MHASSEE FI OR DA				
_	Mirrole Rosen	authorized representative of a member  DAUM  printed name of signee					

Page 2 of 2

Filing Fee: \$25.00