

L090000020061

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

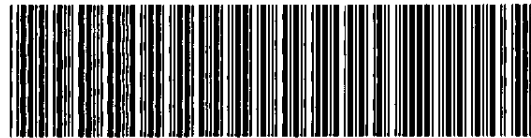
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2011 DEC 19 PM 2:31

J. SAULSBERRY
EXAMINER
DEC 21 2011

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LAWSING Supplies 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:

Jorge Giralt
Name of Person

SIREclass S.A.
Firm/Company

1900 NW 97th Av Suite 30102
Address

Doral Florida 33172
City/State and Zip Code

LAWSINGSupplies@hotmail.com
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FILED

For further information concerning this matter, please call:

Jorge Giralt at (598) 2915 3034
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

2011 DEC 19 PM 2:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

The Articles of Organization for this Limited Liability Company were filed on 03/02/2009 and assigned Florida document number LO9000020061.

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)

RINCON 602 PISO 8
11000 URUGUAY

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1900 NW 97th AV
Suite 3010 2B
Doral Florida 33172

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 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>	<u>Address</u>	<u>Type of Action</u>
MGR	Anita Caraballo	17001 NE 3ct NORTH MIAMI BEACH FL 33162	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	ANUSHKA BEJONDER	17001 NE 3ct NORTH MIAMI BEACH FL 33162	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Simeclass S.A.	RINCON 602 PISO 8 MONTEVIDEO 11000 URUGUAY	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

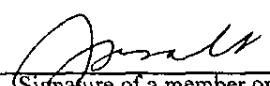
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FILED

Dated DECEMBER 16, 2011.


Signature of a member or authorized representative of a member
Jorge Giralt
Typed or printed name of signee