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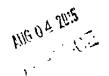
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COVER LETTER

то:	Registration S Division of Co					
CHIDIE		ociates LLC				
SUBJE	CI:	Name of Lim	ited Liability Company			
The enc	losed Articles o	f Amendment and fee(s) are sub	mitted for filing.			
Please r	eturn all corresp	oondence concerning this matter	to the following:			
		Eduardo Alsogaray				
			Name of Person			
Firm/Company						
		100 North Federal Highwa	100 North Federal Highway-Apt. 817			
		Address				
		Fort Lauderdale, FL 33301	ł.	numb	2015	
	City/State and Zip Code ealsogaray@yahoo.com					77
		• , •.	to be used for future annual report notif	ication)	AUG -	
For furt	her information	concerning this matter, please c	all:	ication) ASSEE, FI	ن ت	
Eduardo	o Alsogaray		954 806-7917 at ()	STAT LORI	— ∩ ਦ	O
	Name	of Person	Area Code Daytime	Telephone Number		
Enclose	d 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 Certificate of Certified Control (additional control	of Status opy	

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

FLA Associates LLC			
(Name of the Lim	ted Liability Compa (A Florida Limited)	ny as it now appears on our reco Liability Company)	rds.)
The Articles of Organization for this Limited I	iability Company	were filed on 7/20/2009	and assigned
lorida document number L09000069307			
his amendment is submitted to amend the fol	lowing:		
a. If amending name, enter the new name o	of the limited liab	nility company here:	
	1 447	V. G. W. L. W.	
he new name must be distinguishable and contain the	words "Limited Liabi	-	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		100 North Federal Highway-	Apt.817
		Fort Lauderdale, FL 33301	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		100 North Federal Highway- Fort Lauderdale, FL 33301	Apt.817
			Im G
3. If amending the registered agent and	or registered o	ffice address on our recor	ds, enter the name of the
egistered agent and/or the new registered o	ffice address her	<u>'e</u> :	
			m co L J
Name of New Registered Agent:			TATE ORID
New Registered Office Address:	100 North Fede	eral Highway-Apt.817	P —
		Enter Florida street addr	ess
	Fort Lauderdale	e	Florida 33301
	 	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>	Address	Type of Action
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Effec	tive date, if other than the date of filing:(optional)
If an ei Note:	ffective 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 605.020' If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier on earlier of 90th day after the record is filed.
	July 27th 2015
Dated	
Dated	·
Dated	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00