## L10000003092

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(Requestor's Name)				
(Address)				
· (Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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T. CLINE
JAN 2 1.2010
EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: LA Serena	LLC	
	ited Liability Company	
	•	
The enclosed Articles of Amendment and fee(s) are suf	bmitted for filing.	
Please return all correspondence concerning this matter	r to the following:	
Edvardo	6. Dieppa III. Name of Person	
<u>Dieppa</u>	Law Firm, P.A. Firm/Company	
2095 (	Nest 7655+ Address	
Hia Kah	FL 33016 City/State and Zip Code	2010 SECTION
dieppae	(lo be used for future annual report notification)	
For further information concerning this matter, please		20 A
FOUARDO DIEPPATE	at (305) 826-8266	
Name of Person	at (305) 826-8266  Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:		
\$25.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified C	of Status &
MAILING ADDRESS: Registration Section	STREET/COURIER ADDRESS: Registration Section	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LA Sereng 1	LLC		
(Name of the Limited Liabilit	ty Company as it now appears of Limited Liability Company)	on our records.)	<del></del>
(/t i fortu	Diffice Diability Company)	1	
The Articles of Organization for this Limited Liability	Company were filed on/_/	1/2010	and assigned
Florida document number <u>L 1000003092</u>		1	J
	<b>—</b> ·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company here:		
,			
The new name must be distinguishable and end with the wo	ords "Limited Liebility Commons	" the designation #I I C"	n Alexandra
"L.L.C."	ords Ellinted Claothty Company	, the designation "LLC	or the abbreviation
Pater and the second se			
Enter new principal offices address, if applicable:			
<u>(Principal office address MUST BE A STREET ADD</u>	RESS)	> <u></u>	750
		行所	
		全部	5
Enter new mailing address, if applicable:		55 S	Chiph street
(Mailing address MAY BE A POST OFFICE BOX)	<del>-</del>	- <u>- 12 公</u> 	<del>-3 -:</del>
muning dudress MAT BE AT OST OFFICE BOAT	<del>-</del>		25 10 10 10
<b>.</b>		37	t:-
B. If amending the registered agent and/or registered agent and/or the new registered office aderes	stered office address on our dress here:	records, <u>enter∗the</u> n	ame of the new
	<u> </u>		
N. CN. D. L. M.			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter	Florida street address	
		, Florida	
	City		p 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>	Name	Address	Type of Action
u <i>GRM</i>	ENRIQUE TERAN		— P. O
			Remove
			ALL MANAGE AND
D. Kaman	ling any other information enter	r change(s) here: (Attach additional sheets	Adds Remove
	ang any other information, ente	Tenange(s) nere. (Ashen aduntona snees)	, y necessary.
_		•	
Dated	x Amkeloni	2010	
	Signature of a	member or authorized representative of mem  Jice - Rosa Hary B.  Typed or printed name of signee	ha da Saravia

Page 2 of 2

Filing Fee: \$25.00

or prim

Notary Public State of Florida Rosa Borges My Commission DD893866