

L10000003881

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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

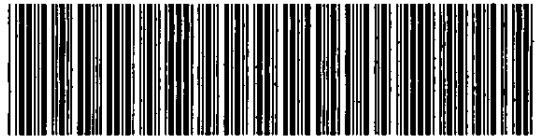
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10 MAR 10 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. C. 10000003881 MAR 11 2010

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LR ALLIANCE MANUFACTURING, 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:

PARIS A. CABEZAS

Name of Person

LR ALLIANCE MANUFACTURING, LLC.

Firm/Company

4730 NE 128 STREET RD

Address

OPA LOCKA, FL 33054

City/State and Zip Code

PARIS@KREATIVECS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PARIS A. CABEZAS

Name of Person

at (305)

685-8231

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**

LR ALLIANCE MANUFACTURING, LLC.

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

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 01/12/2010 and assigned
Florida document number L10000003881.

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)

4730 NW 128 STREET RD

OPA LOCKA, FL 33054

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

KREATIVE CONSULTING SERVICES, LLC

New Registered Office Address:

6982 SW 164 CT

Enter Florida street address

MIAMI

City

, Florida

33193

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>
MGRM	JEANNETTE BRANAM	42 STAR ISLAND	<input type="checkbox"/> Add
		MIAMI BEACH, FL 33139	<input checked="" type="checkbox"/> Remove
MGRM	LYNNE TREVISION	5615 N. OCEAN DR	<input checked="" type="checkbox"/> Add
		HOLLYWOOD, FL 33019	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Dated MARCH, 3, 2010



Signature of a member or authorized representative of a member

JEANNETTE BRANAM

Typed or printed name of signee

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TALLAHASSEE, FLORIDA