L10000037641

(Requestor's Name)					
(104,000)	. •				
(Address)					
(Address)					
(City/State	/Zip/Phone #)				
PICK-UP	WAIT MAIL				
(Business	Entity Name)				
(Documen	t Number)				
Certified Copies	Certificates of Status				
Special Instructions to Filing 0	Officer				
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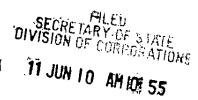
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SECKETARY OF STANTION OF CHARLES

COVER LETTER

	istration Section ision of Corporations
SUBJECT:	LA 49 LLC
SUBJECT.	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 A. DE LA LLAMA
	Name of Person
	LA 49, LLC Firm/Company
	522 MADEIRA AVENUE
	Address
	CORAL GABLES, FLORIDA 33134 City/State and Zip Code
	JADLLARCH@AOL.COM
	E-mail address: (to be used for future annual report notification)
For further in	formation concerning this matter, please call:
JORGE A	DE LA LLAMA at(305) 219-0471
	Name of Person Area Code & Daytime Telephone Number
Enclosed is a	check for the following amount:
	Sing Fee \$\ \times \$30.00 Filing Fee &
	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Clifton Tallahassee, FL 32314 Clifton Clifton Tallahassee, FL 32314 Clifton Clifton Tallahassee, FL 32301 CSTREET/COURIER ADDRESS: Section Division of Corporations Building Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



	49, LLC		:		
(<u>Name of the Limited L</u> (A F	iability Company a lorida Limited Liabi	s it now appears lity Company)	s on our records.)		
The Articles of Organization for this Limited Liab	oility Company we	re filed on	APRIL 07, 2010	and assigned	
Florida document number <u>L10000037641</u>	**************************************				
This amendment is submitted to amend the follow	ring:				
A. If amending name, <u>enter the new name of t</u> l	he limited liability	company here	:		
	NOT APPL	ICABLE			
The new name must be distinguishable and end with a "L.L.C."	he words "Limited	Liability Compan	y," the designation "I	LLC" or the abbreviation	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		5721 W.	FLAGLER STRE	ET	
		MIAMI,	FLORIDA 3314	14	
Enter new mailing address, if applicable:		522 MAD	EIRA AVENUE		
(Mailing address MAY BE A POST OFFICE BOX)		CORAL GABLES, FLORIDA 33134			
B. If amending the registered agent and/or registered agent and/or the new registered offic		address on ou	ur records, <u>enter t</u>	he name of the new	
Name of New Registered Agent:	JORGE A. I	DE LA LLAM	A		
New Registered Office Address:	522 MADEII	RA AVENUE			
	Enter Florida street address				
	CORAL GABLES		, Florida	33134	
		ity		Zip Code	
New Registered Agent's Signature, if changing Reg	gistered 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 her confirm that the limited liability company has been notified in writing of this change.

If Changing Registere

Page 1 of 2

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	FELIPE A. VALLS, SR.	3663 SW 8TH STREET, PENTHOUSE	E ☐ Add ☑ Remove
MGRM	FELIPE A. VALLS, JR	3663 SW 8TH STREET, PENTHOUSE MIAMI, FLORIDA 33135	Add X Remove
MGRM	JORGE A. DE LA LLAMA	5721 W. FLAGLER STREET MIAMI. FLORIDA 33144	_X Add _ Remove
			Add Remove
			Add Remove
			Add Remo €2
	ling any other information, enter chang Amend Rey Berm	e(s) here: (Attach additional sheets, if necessary.) udez address to:	ECRETARY ISION OF CI
		5721 W. Flagler S. Miami, F1 33144	
 Dated			
	1 /	or authorized representative of a member	
	Typed	or printed name of signee	NE 20(1

Page 2 of 2

Filing Fee: \$25.00