# L10000067396

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SECRETARY OF STATE



J. BRYAN

JAN 1 3 2011

**EXAMINER** 

### **COVER LETTER**

TO: Registration Section  Division of Corporations	•
SUBJECT: LA VIE, 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:	
Alejandio Galindez Name of Person	·
La Vie, LLC Firm/Company	SECRETA -
13022 sw 170th st Address	ED 2 PH 1:33 SSEE, FLORI
Mami, FL 33186  City/State and Zip Code	ATE PRIDA
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Atejandro Galindez at (305) 491-9541  Name of Person Area Code & Daytime Telephone	Number
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy (additional copy is enclosed)	0.00 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



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

December 27, 2010

ALEJANDRO GALINDEZ LA VIE, LLC 13022 SW 120TH ST MIAMI, FL 33186

SUBJECT: LA VIE EVENTS, LLC Ref. Number: L10000067396



We have received your document for LA VIE EVENTS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 410A00029790

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

ARTIC	CLES OF OR	RGANIZATION	<b>\$</b> 0	2 3 -	
LA VI	OF  - [- EVENTO OF Liability Company Plorida Limited Lia	as it now appears on our bility Company)	records.)	THE REPORT OF THE PARTY OF THE	ヽつ
The Articles of Organization for this Limited Lial Florida document number	bility Company w	, , , , , , , , , , , , , , , , , , , ,	i	and an argined	
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of t	he limited liabili	ty company here:			
The new name must be distinguishable and end with "L.L.C."	the words "Limite	d Liability Company," the o	designation "LLC	C" or the abbreviation	on
Enter new principal offices address, if applicable (Principal office address MUST BE A STREET		13022 su Miami fl	∨ 120 <sup>th</sup> s 33186	<i>†</i>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Bo	<u>0x1</u>	13022 SI Miami F	w 120th L 3318	<i>5</i> +	
B. If amending the registered agent and/or registered agent and/or the new registered office		ce address on our reco	rds, <u>enter the</u>	name of the ne	<u>w</u>
Name of New Registered Agent:  New Registered Office Address:	Al- 13022	ejandro Galin sw 120 <sup>th</sup> st Enter Flori	da street addres	55	
	Mian	•	_	33186 Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

£,5%

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 of Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

Title	<u>Name</u>	Address	Type of Action
MG RM	Alejandro Galindez	8850 sw 17300 # 410=	Add  Add  Remove
MGRM	Alejandio Galindez	13022 sw 120th st Mani, Fl 33186	Add  Remove
	·		Add Remove
			Add
			Add Remove
			Add Remove
D. If amendin	ng any other information, enter change	(s) here: (Attach additional sheets, if necessor	ary.)
			FILED  11 JAN 12 PH 1: 33  SECRETARY OF STATE AHASSEE FLORIDA
Dated	7,		`Duu €
-		authorized representative of a member  authorized representative of a member  authorized representative of a member  authorized representative of a member	· · · · · · · · · · · · · · · · · · ·

Page 2 of 2

Filing Fee: \$25.00