L10000111137

(Re	equestor's Name)	
(Address)		
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
	A. L	.UNT
	SEP 1	3 2011

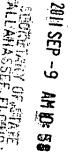
EXAMINER

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09/09/11--01007--011 **25.00



Law Offices of MICHAEL A. LAMPERT, P.A.

1655 Palm Beach Lakes Boulevard The Forum - Suite 900 West Palm Beach, Florida 33401 Telephone (561) 689-9407 Telecopier (561) 683-1559

Michael A. Lampert (Florida Board Certified Tax Attorney) Also Admitted in Pa. and D.C. Of Counsel:
Esther A. Zaretsky*
Richard P. Zaretsky**

**(Florida Board Certified Real Estate Attorney)
* Also Admitted in N.Y.

September 7, 2011

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

Re: Articles of Amendment

Dear Sir or Madam:

Enclosed please find a Cover Letter and Articles of Amendment for ABACOA, LLC. Also enclosed is my check in the amount of \$25.00 for filing fee. Please process the enclosed Articles of Amendment and provide me with a letter of acknowledgment after the amendment has been filed.

As always, please feel free to contact me if you have any questions or concerns.

Very truly yours

Michael A. Lampert

MAL:bjj Enclosure

cc: Jeffrey Titherington (w/o enclosures)

Ghada Dergham (w/o enclosures)

COVER LETTER

Registration Section

TO:

Division of Corporations			
SUBJECT:	ABACOA, LLC		
	Name of Limited Liability Company		
The enclosed Articles of	Amendment and fee(s) are submitted for filing.		
Please return all correspo	ndence concerning this matter to the following:		
	Michael A. Lampert, Esq.		
	Name of Person		
	Michael A. Lampert, P.A.		
	Firm/Company		
	1655 Palm Beach Lakes Blvd., Ste 900		
	Address		
	West Palm Beach, FL 33401		
	City/State and Zip Code		
	michael@lamperttaxlaw.com E-mail address: (to be used for future annual report notification)		
	·		
For further information co	oncerning this matter, please call:		
	el A. Lampert at (561) 689-9407		
. Name of	Person Area Code & Daytime Telephone Number		
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)		
Registra Divisior P.O. Bo	NG ADDRESS: tion Section of Corporations x 6327 see, 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

ABACO	A, LLC
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document numberL10000111137	were filed on November 15, 2010 and assigned
Florida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
LEGARE CO	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the designation "LLC" or the abbreviatio
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	इंद ई ग
	- 9 - C
Enter new mailing address, if applicable:	c/o JT Investment Enterprises
(Mailing address MAY BE A POST OFFICE BOX)	104 Nativa Circle
	North Palm Beach, FL 33408
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our records, <u>enter the name of the new</u> e:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	C.IIV Zin 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

. ... Is 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 **Type of Action** Title <u>Name</u> Address ☐ Add Remove ☐ Add Remove ☐ Add Remove Remove $\prod Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary September 7 2011 Signature of a member or authorized representative of a member

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00

Michael A. Lampert