

L10000125100

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

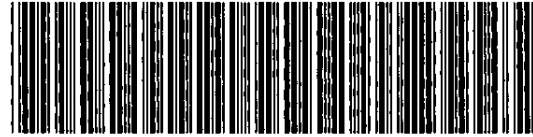
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK
OCT 18 2012
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

LE Group Industries, 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:

Tower Walter Krauss

Name of Person

LE Group Industries, LLC

Firm/Company

201 South Biscayne Blvd 1200

Address

Miami, FL 33131-4316

City/State and Zip Code

sales@legroupindustries.com

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

For further information concerning this matter, please call:

Agustin Tomas Caceres

Name of Person

at (**877**)

748-7067

Area Code & Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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

601272

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

Le Group Industries, LLC

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

December 6th 2010

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned
Florida document number L10000125100.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

LE Group Industries, LLC

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)

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: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____
City 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	Juan Manuel Caceres	Av. Afonso Pena, 726 Conj. 2110 Bairro Centro, Belo Horizonte, MG 30130-003 Brazil	<input checked="" 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
			<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.)

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
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Dated October 15th, 2012

Agustin

 Signature of a member or authorized representative of a member
AGUSTIN TOMAS CACERES
 Agustin Tomas Caceres