

Nov 11 2016 12:20 PM

11000037072

Division of Corporations

No. 1658

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : EPGD ATTORNEYS AT LAW, P.A.
Account Number : I20140000049
Phone : (786)837-6787
Fax Number : (305)718-0687

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: eric@epgdlaw.com

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LAS 3K USA, L.L.C.

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November 11, 2016

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

Re: **LAS 3 K, LLC**
DOC # L11000037072

To Whom It May Concern:

Attached please find the articles of amendment for the above referenced company. Ms. Arcia was improperly listed at a "Member" when in fact she is merely a "Manager." We also updated the registered agent to the undersigned's office.

Thank you for your time.

Thank you,
BARAKAT LAW, P.A.

A handwritten signature in black ink, appearing to read "Brian Barakat", is written over a horizontal line.

Brian Barakat
For the Firm

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LAS 3K USA, L.L.C

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:

Brian Barakat

Name of Person

Barakat Law, P.A.

Firm/Company

2701 Ponce De Leon Blvd, Suite 202

Address

Coral Gables, FL 33134

City/State and Zip Code

brian@triallawmiami.com

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

For further information concerning this matter, please call:

Brian Barakat	305	444-3114
_____	at (_____)	_____
Name of Person	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

LAS 3K USA, L.L.C

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

The Articles of Organization for this Limited Liability Company were filed on 03/28/2011 and assigned
Florida document number L11000037072

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 contain 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:

Barakat Law, P.A.

New Registered Office Address:

2701 Ponce de Leon Blvd, Suite 202

Enter Florida street address

Coral Gables

Florida

33134

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Ana Isabel Arca	4011 W. FLAGLER ST STE 501	<input type="checkbox"/> Add
		CORAL GABLES, FL 33134	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

16 NOV 11 AM 11:11
 ALLAH HASSEB, FLORIDA
 STATE OF FLORIDA

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


[Lined area for amending information]

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to § 85.0207(3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

STATE DEPT. OF STATE
TALLAHASSEE, FLORIDA
16 NOV 14 AM 12:11

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated 11/11/16 _____



Signature of a member or authorized representative of a member

Brian J. Barakat

Typed or printed name of signer