

L 11000040224

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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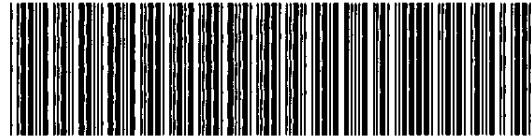
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OCT 25 2011

EXAMINER



200212511762

09/28/11--01028--004 **25.00

Sign.

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11 OCT 24 PM 4:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DERREVERE, HAWKES,
BLACK, COZAD

A T T O R N E Y S A T L A W

W E S T P A L M B E A C H | J U P I T E R

JON D. DERREVERE, P.A.
WINSLOW D. HAWKES, III, P.A.
BRYAN W. BLACK, P.A.
BART COZAD, P.A.
STEPHEN L. BARKER, P.A.

SHIRLEY JEAN MCEACHERN
CHARLES D. STRAUB
MICHAEL B. STEVENS
PERI ROSE HUSTON-MILLER

Kris Leal, FRP
KLeal@derreverelaw.com

September 26, 2011

VIA FEDERAL EXPRESS

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

RE: Lapi West LLC

Dear Sir/Madam:

Enclosed please find the Articles of Amendment to Articles of Organization of Lapi Investments, LLC, together with a check in the amount of \$25.00 for the cost of filing same.

If you have any questions with regard to the enclosed, please do not hesitate to contact me.

Very truly yours,



MICHAEL B. STEVENS

MBS/kl
Enclosure
cc: Jim Ritter

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LAPI WEST, 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:

MICHAEL STEVENS

Name of Person

DERREVERE, HAWKES, BLACK, & COZAD

Firm/Company

2005 VISTA PARKWAY SUITE 210

Address

WEST PALM BEACH, FL 33411

City/State and Zip Code

MBS@DERREVERELAW.COM

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

For further information concerning this matter, please call:

MICHAEL STEVENS

Name of Person

at (561)

684-3222

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**

LAPI WEST, LLC

(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 04/04/2011 and assigned
Florida document number L11000040224.

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 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)

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TALLAHASSEE, FLORIDA

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>
MGR	RITTER, JAMES A	1627 DORCHESTER PLACE WELLINGTON, FL 33414 US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	BENGTSSON, ANN-CATH	1627 DORCHESTER PLACE WELLINGTON FL 33414 US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	LAPI INVESTMENTS, S.A.	6, RUE HEINE LUXEMBOURG, NA 1-172-0 LU	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	SVARTESJö Gård 2, LLC	1627 DORCHESTER PLACE WELLINGTON FL 33414 US	<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

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

Dated _____, _____.

Signature of a member or authorized representative of a member

Michael Stevens, Esq.

Typed or printed name of signee