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COVER LETTER

Division of Corporations	•
SUBJECT: CARISTIANO COX + YIL Name of Limited Liab	LA AGENCY LLC
Name of Elimica Elab	inty Company
The enclosed Articles of Amendment and fee(s) are submitted for	or filing.
Please return all correspondence concerning this matter to the fo	ollowing:
ERIC COX	une of Person
Na	une of Person
CHRISTIANO CO	m/Company LLC
1402 Royal Par	M BEACH BUD 5-101
Royal Pain B	Address DEACH FL. 33411 ate and Zip Code
	for future annual report notification)
For further information concerning this matter, please call:	
ERIC COX Name of Person	Area Code & Daytime Telephone Number
	The state of Edyanic Total and State of Edyanic Total State of Edyan
Enclosed is a check for the following amount:	
Certificate of Status	5.00 Filing Fee & S60.00 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

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SECRETARY OF STATE The Articles of Organization for this Limited Liability Company were filed on 05 17 2011 and assigned Florida document number __L11000058122_ 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) 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

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Ma MGRM = 1	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
	NA		Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	
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			FILED OV 23 PM TARY OF S HASSEE, FL
Dated	11/01 , 201	· \ :	D PM 2:51 FSTATE FLORIDA
	ERIC COX	or authorized representative of a member or printed name of signee	
	Турей	or printed name or signed	

Page 2 of 2

Filing Fee: \$25.00