## #1/1000/10/7/

(Requestor's Name)						
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(City/State/Zip/Phone #)						
(Gill) Galas Liph Hono ny						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
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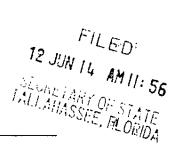
K. SALY EXAMINER JUN 182012

## **COVER LETTER**

, , ,

TO:	Registration S Division of Co					
SUBJE	CCT:	Lacera	Solutions, LLC			
30101	<u></u>		ited Liability Company			
		f Amendment and fee(s) are sul	-			
lleana Noa						
			Name of Person			
Lacera Solutions, LLC						
	Firm/Company					
		134 Sou	th Dixie Highway, Suite #11	0		
			Address			
		Hall	andale Beach, FL 33009			
		in	City/State and Zip Code  Oa@concordelts.com			
		E-mail address: (	to be used for future annual report notifi	cation)		
For fur	ther information	concerning this matter, please of	call:			
		lleana Noa	at ( 305 )	356-8403		
	Name	of Person	Area Code & Daytime	Telephone Number		
Enclose	ed 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)	Certificate of Status & Certified Copy (additional copy is enclosed)		
	Regis Divisi P.O. E	LING ADDRESS: tration Section on of Corporations Box 6327 nassee, FL 32314	STREET/COURING Registration Section Division of Corpora Clifton Building 2661 Executive Cerula Tallahassee, FL 325	n ations nter Circle		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Lace	ra Solutions, LLC		
( <u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appea Limited Liability Company)	rs on our records.)	
(**************************************	, 2		
The Articles of Organization for this Limited Liability	Company were filed on	9/26/2011	and assigned
Florida document number L11000110171	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company he	<u>re</u> :	
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Compa	any," the designation "I	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office ade		our records, <u>enter t</u>	he name of the new
Name of New Registered Agent:			
New Registered Office Address:		ter Florida street ada	
	En	ier r ioriaa sīreei ada	ress
		, 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Ileana Noa	134 South Dixie Highway, #110 Hallandale Beach, FL 33009	✓ Add Remove
			Add Remove
			Add Remove
·	<del></del>		Add Remove
	<del></del>		Add Remove
			Add Remove
D. If amend	ling any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary.)	_
			<del>-</del> -
			<del>-</del> -
Dated	/ (1)(1)	er or authorized representative of a member	
	(	Jorge L. Lacera	
	-26-		

Page 2 of 2

Filing Fee: \$25.00