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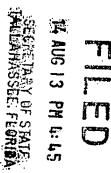
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T. Burch AUG J. 4.2014

COVER LETTER

TO: Registration Sec Division of Corp			
LACA	N LLC		
SUBJECT:		ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	LETICIA M.	ZAMBRA	
		Name of Person	
	LACAN LLC	•	
		Firm/Company	
	4611 S UNI	VERSITY DR # 2	219
		Address	
	DAVIE, FL 3	33328	
	,	City/State and Zip Code	
		tymanagement.com to be used for future annual report notifi	ention)
For further information of	oncerning this matter, please of	·	Catton
		. <u></u>	262
LETICIA M.		at (786) 270.79	Telephone Number
Name of	Person	Area Code Dayume	Telephone Number
Enclosed is a check for th	e 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

LACAN LLC		
(Name of the Limited Liability Com	npany as it now appears on our records.) ed Liability Company)	
(XXX IONAL DIMA	o made y	
The Articles of Organization for this Limited Liability Compa	ny were filed on 03/12/2012	and assigned
Florida document number L12000034381	•	-
Plotida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and end with the words "Limited L	iability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		4.22
(Principal office address MUST BE A STREET ADDRESS)		
		3 5 1
Enterness mailing address if applicables		%
Enter new mailing address, if applicable:		This To Person.
(Mailing address MAY BE A POST OFFICE BOX)		50 x 4
		5 5
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		ter the name of the new
Name of New Registered Agent:		
The contract of the contract o		···
New Registered Office Address:	Enter Florida street address	
	Enier r ioriaa sireei adaress	
	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 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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

VP LETICIA ZAMBRA 4611 S UNIVERSITY	□ Add
SUITE # 219	■ Remove
DAVIE, FL 33328	
	Add
	Remove
	Solver And Andrews
	Add 1
	F G Remove T
	☐ Remove
	☐ Remove
	□ Add
	Remove

<u>-</u>	
Effective date, if other than the date of filing:	(optional)
The effective date must be specific, cannot be prior to date of receipt or filed date and cannot the date this document is filed by the Florida Department of State)	ot be more than 90 days after
Dated AUGUST 8th 2014	$\overline{}$
Dated ACCOST Still	/
1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
- Tutiful	ve of a member
Signature of a member or apphorized representate LETICIA M. ZAMBRA	

Page 3 of 3

Filing Fee: \$25.00

THANG 13 PM 4: 45