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SECHEDARY OF STATE
AHASSEE FLORINA

B. BOSTICK

JUL **1 0** 2012

EXAMINER

COVER LETTER

TO:

Registration Section

Division of C	Corporations				
SUBJECT:	Larco	Group LLC.			
	Name of Lim	ited Liability Company			
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.			
Please return all corres	spondence concerning this matte	er to the following:			
		Ryan Lyons-Evans Name of Person			
		Larco Group LLC			
		Firm/Company			
	2	2310 Renaissance way			
		Address			
	Boyn	nton Beach, Florida, 33426	_		
		City/State and Zip Code			
	E-mail address:	cogrouplic@gmail.com (to be used for future annual report notification)	E E m		
For further information	n concerning this matter, please	call:	ASSEE, FL		
_	_		FES AH O		
	an Lyons-Evans e of Person	at (954) 270 7780 Area Code & Daytime Telephone Numb			
Enclosed is a check fo	or the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy Certific (additional copy is enclosed) Certific	Filing Fee, cate of Status & ed Copy onal copy is enclosed)		
Reg Divi P.O.	ILING ADDRESS: istration Section ision of Corporations . Box 6327 ahassee, 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

Larço Gr	oup LLC			
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appear Liability Company)	s on our records.)		
The Articles of Organization for this Limited Liability Company	were filed on	04/02/2012	and assigned	
Florida document number <u>L12000044695</u> .				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lial	oility company her	<u>e</u> :		
The new name must be distinguishable and end with the words "Lim" L.L.C."	ited Liability Compa	ny," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applicable:		7.	2 2	
(Principal office address MUST BE A STREET ADDRESS)		2		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		100EF	-9 AM 9: 37	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address here. Name of New Registered Agent:		our records, <u>enter t</u>	he name of the new	
New Registered Office Address:				
Ton Registered Office (Rudios).	En	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 amending the Managers of 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>	Address	Type of Action
MGRM	Anette Talie Lyons-	Evans 2310 Renaissance way Boynton Beach, Florida	✓ Add
		Boynton Beach, Florida	33426 Remove
			Add Remove
		<u> </u>	Remove
			Add Remove
			∏Add
<u></u>			Remove
			□ Pemove
			Add Remove
D. If amend	ding any other information	, enter change(s) here: (Attach additional she	ets, if necessary.)
			12 J
_			HASSET 9
Dated	July 5	. 2012	AH 9: 37 OH STATE F. FLORIDA
	į	has lem Can	37 IE IDA
	Signatu	of a member or authorized representative of a m	ember
		Ryan Lyons-Evans Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00