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SECRETARY OF STATE
ALL AHASSEF FLORIDA

K.SALY EXAMINER NOV -6 2012

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED"

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SELACIARY OF STATE
TALLAHASSEE, FLORIDA.

	LECAM LLC		
( <u>Name of the Limited Liat</u> (A Flor	pility Company as it now appearida Limited Liability Company)	ars on our records.)	
The Articles of Organization for this Limited Liabili Florida document numberL12000050402		APRIL 13, 2012	_ and assigned
. This amendment is submitted to amend the followin	g:		
A. If amending name, enter the new name of the	limited liability company he	ere:	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Com	pany," the designation "LL	C" or the abbreviation
Enter new principal offices address, if applicable	:		
(Principal office address MUST BE A STREET A	DDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO)			
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, enter th	e name of the new
Name of New Registered Agent:			
New Registered Office Address:	E	Enter Florida street addro	288
_		, 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>	Address	Type of Action
MGR	CLAUDIA GARCIA	3675 EAST VALLEY GREEN DRIVE DAVIE FL 33328	Add Remove
MGR_	MAURO GARCIA	3675 EAST VALLEY GREEN DRIVE DAVIE FL 33328	Add Remove
MGR	ANGELA GARCIA	3675 EAST VALLEY GREEN DRIVE DAVIE FL 33328	Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If ame	nding any other information, enter c	hange(s) here: (Attach additional sheets, if necessary.)	ı
_			<del>-</del> -
			<del></del>
Dated	APRIL 17	2012	
	Signature of a fi	ember or authorized representative of a member	
		LILIANA GARCIA	
	i i	Typed or printed name of signee	

Page 2 of 2

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