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NOTE OF SIATE

K.SALY EXAMINER 2012

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	LaPrade Customs LLC
•	Name of Limited Liability Company
The en	losed Articles of Amendment and fee(s) are submitted for filing.
Please	eturn all correspondence concerning this matter to the following:
	Brian LaPrade
	Name of Person
	Firm/Company
	127 SW S Wakefield Circle
	Address
	Port St Lucie, FL 34953 City/State and Zip Code
	lapradecustoms@gmail.com
For fur	E-mail address: (to be used for future annual report notification) ner information concerning this matter, please call:
	Brian LaPrade at (772) 579-0405 Name of Person Area Code & Daytime Telephone Number
	Name of Person
Enclose	is a check for the following amount:
₹]\$25	O Filing Fee \$\ \text{Certificate of Status} \text{\$\sum_{\text{S}55.00 Filing Fee & \text{Certified Copy (additional copy is enclosed)}} \text{\$\sum_{\text{S}60.00 Filing Fee, \text{Certificate of Status & \text{Certified Copy (additional copy is enclosed)}} \text{\$\text{Certified Copy (additional copy is enclosed)}} \$\text{Certified Copy (additional copy i

TO:

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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LaPrade Cu (Name of the Limited Liability Compa		SECOND ARY OF STATE COORDA		
(Name of the Limited Liability Compa (A Florida Limited L	Liability Company)	-C. PLURIDA		
The Articles of Organization for this Limited Liability Company	ware filed on June 1	8, 2012 and assigned		
	were fried on	o, zo z and assigned		
Florida document number L12000081150				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and end with the words "Limi	ted I ishility Company "the d	enignation "I I C" or the abbreviation		
"L.L.C."	ted Liability Company, the de	esignation LLC of the aboreviation		
Enter new principal offices address, if applicable:	3544 S.E. Dixie Hwy			
(Principal office address MUST BE A STREET ADDRESS)	Stuart, FL 34997			
Enter new mailing address, if applicable:	3544 S.E. Dixie Hwy			
(Mailing address MAY BE A POST OFFICE BOX)	Stuart, FL 34997			
B. If amending the registered agent and/or registered of		ds, enter the name of the new		
registered agent and/or the new registered office address her	<u>e</u> :			
Name of New Registered Agent:				
New Registered Office Address:				
	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 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> </u>	Name	Address	Type of Action
MGRM	Harley LaPrade	2271 SE McMaster Street Port St Lucie, Fl. 34952	Add Remove
			Add Remove
			Add Remove
			Add Remove
	·		Add Remove
			Add Remove
		nter change(s) here: (Attach additional sheets, if necessary.) been issued an EIN EIN:45-5575131	
<u>-</u>			-
			
Dated	July 31		
	Bur	n La Prode	
	Signature o	of a member or authorized representative of a member Brian LaPrade	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00