212000124559

| (Requestor's Name) | | | | |
|-----------------------------------------|---|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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SECRETARY OF SIMILATIONS
DIVISION OF CENTRATIONS

12 OCT 18 PH 2: 43

OCT 1'9 2012 T. HAMP TON

COVER LETTER

| TO: Registration Sec Division of Corp | |
|------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| SUBJECT: | 2 Rey 1360 BBC. Name of Limited Liability Company |
| The enclosed Articles of A | mendment and fee(s) are submitted for filing. |
| Please return all correspond | dence concerning this matter to the following: |
| | Luis BriseND |
| | La Ley 1360 BBC. Firm/Company |
| | 1505 Dundee Rd. Address Winter Haven F1, 33884 |
| | Winter Haven F1, 33884 City/State and Zip Code |
| | E-mail address: (to be used for future annual report notification) |
| For further information cor | cerning this matter, please call: |
| Huis R Name of I | Person at (813) 526-0763 Area Code & Daytime Telephone Number |
| Enclosed is a check for the | following amount: |
| \$25.00 Filing Fee | \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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



RECEIVED

12 OCT 18 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

October 8, 2012

LUIS R BRISENO 1505 DUNDEE RD WINTER HAVEN, FL 33884

SUBJECT: LA LEY 1360, LLC Ref. Number: L12000124559

We have received your document for LA LEY 1360, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

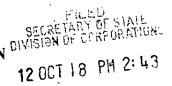
Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 112A00024885

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION DIVISION OF CORF TO **OF**



| | LA LEY 1360, LLC | |
|----------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----------------------------------------------------|
| (Name of the Limited Lia (A Flo | ibility Company as it now a brida Limited Liability Comp | ppears on our records.) any) |
| The Articles of Organization for this Limited Liabi | lity Company were filed or | October 01, 2012 and assigned |
| Florida document number <u>L12000124559</u> | · | |
| This amendment is submitted to amend the following | ng: | |
| A. If amending name, enter the new name of the | e limited liability compan | y here: |
| The new name must be distinguishable and end with th "L.L.C." | e words "Limited Liability (| Company," the designation "LLC" or the abbreviation |
| Enter new principal offices address, if applicable | e: | |
| (Principal office address MUST BE A STREET A | DDRESS) | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BO | <u>X)</u> | |
| | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office | • | on our records, enter the name of the new |
| | | |
| 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 **Title** <u>Name</u> Address Type of Action Add Remove VP Ruis R Briseno MGRM = Ruis R Briseno ☐ Add Remove □Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated_ Monature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00