## L12000133871

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EXAMINER

## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT:	LAAS LUXU	RY ESTATES LLC			
SUBJECT:		ted Liability Company			
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.			
	pondence concerning this matter				
		TRAVIS LAAS			
		Name of Person			
	****	Firm/Company			
	131	125 SOUTHFIELDS RD Address			
	W	ELLINGTON, FL 33414			
		City/State and Zip Code			
	E-mail address: (	AVISLAAS@YAHOO.COM to be used for future annual report notific	cation)		
For further information	concerning this matter, please of	call:		AUVITAGE SECREDA AGN 2182	enge Jan.
TRAVIS LAAS		at (	906-7007	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	E
	e of Person  the following amount:	Area Code & Daytime	Telephone Number	AND: 52 OF STATE E. FLORID	i i
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ng Fee, e of Status &	
Regi Divi P.O.	Stration Section sion of Corporations Box 6327 thassee, FL 32314	STREET/COURING Registration Section Division of Corpora Clifton Building 2661 Executive Cerula Tallahassee, FL 32.	n ations nter Circle		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	LAAS LUXURY E	STATES LL	С			
(Name of	the Limited Liability Company (A Florida Limited Liab	as it now appear bility Company)	s on our records.)		_	
The Articles of Organization for this	s Limited Liability Company w	ere filed on	10/22/2012	an	d assigr	ıed
Florida document numberL	12000133871					
This amendment is submitted to ame	end the following:					
A. If amending name, enter the n	ew name of the limited liabilit	y company here	2:			
	LAAS LUXURY RE	EALTY LLC				
The new name must be distinguishable "L.L.C."	and end with the words "Limited	Liability Compa	ny," the designation "	LLC" or	the abb	reviation
Enter new principal offices addres	ss, if applicable:			7	برہ	
<u>(Principal office address MUST BE</u>	A STREET ADDRESS)			[ _ [ ]	2	
	-	· · · · · · · · · · · · · · · · · · ·		12 (1) 14 (1)	NO.	
				53.50 m - S		Remove to
Enter new mailing address, if app	licable:				37	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)				<u> </u>	<b></b>	E. mandi
	_			면행	25	
B. If amending the registered a registered agent and/or the new re	gistered office address here:	e address on o	ur records, <u>enter</u>	the nan	ne of t	<u>he new</u>
Name of New Registered A	Agent:					
New Registered Office Ad	dress:					
		Ente	er Florida street add	dress		
		~.	, 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 Title Name **Address Type of Action** ☐ Add Remove ☐ Add Remove Add Remove ☐ Add Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated 10-25 Signature of a member or authorized representative of a member -∕TŔAVIS LAAS Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00