L13000019983

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
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COVER LETTER

TO: Registration Se Division of Cor			
Lan A	Advanced Syst	tems, LLC	
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Eli Schwartz	<u>.</u>	
		Name of Person	
	Lan Advanc	ed Systems	
		Firm/Company	
	171 Glen Av	re S	
		Address	
	Lakewood, I	NJ 08701	
	eli@langroup.biz	City/State and Zip Code	
	• • •	to be used for future annual report notific	cation)
For further information c	oncerning this matter, please ca	ail:	
Eli Schwart	Z	_{at (} 855 ₎ 526-79	978
Name o	i Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	re following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

(Name of the Limited (A	Liability Compan Florida Limited El	i <mark>v as it now appears on o</mark> labihity Company)	ar records.)
The Articles of Organization for this Limited Liab Florida document number <u>L13000019983</u>	oility Company s	were filed on Febru	ary 7, 2013 and assigned
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of the	he limited liabil	lity company here:	
The new name must be distinguishable and end with the wo	rds "Limited Linbi	lity Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	de:	5001 Collins Av	e
(Principal office address MUST BE A STREET)	ADDRESS)	Suite 2B	
		Miami Beach, Fl	L 33140
Enter new mailing address, if applicable:		171 Glen Ave S	
(Mailing address MAY BE A POST OFFICE BO	<u>2X)</u>	Lakewood, NJ 0	08701
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent: New Registered Office Address:	ce address here	: s Ave, Suite 2B Enter Florida str	vet uddress . Florida 33140
		Cin	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

Lan Advanced Systems, LLC

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 605, 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

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

AMBR = A	uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			□ Add
			□ Remove

			□ Remove
			□ Remove
**************************************		DIVISIONE CONTRACTOR OF THE CO	
			Remove 2 PH
			□ Add ⇔
			Remove

ctive date, if other than the d flective date must be specific, cannot late this document is filed by the Flori	be prior to date of receipt or filed date and cannot be more that	(optional) in 90 days after
May 26	2014	
4/1/1	27	
	ignature of a member or authorized representative of a memb	rer
Eli Schwartz		
LII OOHWAILE		

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Filing Fee: \$25.00