L13000037787

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Lawyers Land Title Company

Proud Agent of Chicago Title Insurance Company And

Old Republic National Title Insurance Company Commercial & Residential Real Estate Closings and Title Insurance

312 Southeast 17th Street, Second Floor Fort Lauderdale, Florida 33316

954-767-0826 Facsimile 954-767-8111 954-764-2888

Date:November 25, 2013

VIA REGULAR MAIL

Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Re:

Name of Corporation: Langue, LLC LLT File #:

7690.453

Property Address:

6449 Charleston Street, Hollywood, FL 33024

Enclosed, please find our check number 12341 in the amounts of \$25.00 and which represents filing fee for amendment on the aforementioned transaction.

Please do not hesitate to contact me with any questions.

Thank you,

Lawyers Land Title Co.

Joanne Speake

Operations Manager

encls: Hud-1 and applications

COVER LETTER

Division of Cor	porations		
SUBJECT: Lang	ue, LLC		
		d Liability Company	
The enclosed Articles of	Amendment and fee(s) are subm	nitted for filing.	
Please return all correspo	ndence concerning this matter to	o the following:	
-			
	Keira L. Lobo)	
		Name of Person	
	Langue, LLC		
		Firm/Company	
	Langue, LLC Fim/Company 6104 SW 33 Street Address Miramar, FL 33023 City/State and Zip Code E-mail address: (to be used for future annual report notification) er information concerning this matter, please call: a L. Lobo Name of Person at (954) 534 548 Area Code & Daytime Telephone Number Area Code & Daytime Telephone Number It is a check for the following amount: 10 Filling Fee \$\$\text{\$\te		
		Name of Person Name of Person Address Address Address City/State and Zip Code E-mail address: (to be used for future annual report notification) Chis matter, please call: at (954) 534 55 68 Area Code & Daytime Telephone Number g amount: O Filing Fee & Certificate of Status & Certificate Copy' Certificate of Status & Certificate	
	Name of Person Langue, LLC Firm/Company 6104 SW 33 Street Address Miramar, FL 33023 City/State and Zip Code E-mail address: (to be used for future annual report notification) r further information concerning this matter, please call: (eira L. Lobo Name of Person at (954) 534 50 (8) Area Code & Daytime Telephone Number closed is a check for the following amount: \$25.00 Filling Fee \$\$\text{\$\te		
		City/State and Zip Code	
	E-mail address: (to	be used for future annual report notificati	on)
For further information e	oncerning this matter, please ca	II:	
Keira L. Lo	bo	954, 534, 5	768
Name o	f Person	Area Code & Daytime Te	al report notification) 534 57 48 ode & Daytime Telephone Number e & \$\Bar{1}\$60.00\text{Filing Fee.} Certificate of Status &
Firm/Company 6104 SW 33 Street Address Miramar, FL 33023 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Keira L. Lobo Name of Person Area Code & Daytime Telephone Number			
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee			Certificate of Status & Certified Copy

MAILING ADDRESS:

Registration Section

ΤØ:

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

FILED 2013 DEC -2 PM 12: 36 SECRETARY OF STATE TALLAHASSEE, FLORIDA

Langue, LLC			
(<u>Name of the Limited Liability</u> (A Florida I	Y Company as it now appear Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability C Florida document number L13000037787	Company were filed on <u>Ma</u> 	arch 13, 2013	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ited liability company her	<u>re</u> :	
The new name must be distinguishable and end with the wor "L.L.C."	rds "Limited Liability Compa	any." the designation "LLC	or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR			
	Mark		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
			
B. If amending the registered agent and/or registered agent and/or the new registered office add		our records, enter the	name of the nev
Name of New Registered Agent:			
New Registered Office Address:			
	En	ter Florida street addres	s
		, Florida	
	Citv		Zin 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 **Type of Action** <u>Title</u> <u>Name</u> **Address** 6104 SW 33 Street Kiera Lobo MGR Miramar, FL 33023 Keira L. Lobo 6104 SW 33 Street MGR Miramar, FL 33023 Remove Remove Remove

-		
ed		
	Keira & Gobo	
Kiera Lobo	Signature of a member or authorized representative of a member AKA Keira L. Lobo	

Page 3 of 3

Filing Fee: \$25.00

FILLED

2013 DEC -2 PN 12: 31

SECREDANCE OF STATE