

1/31/2014 15:09 54-965-9492 ASAP ACCOUNTING PAGE 1 of 1
08:52 PM

#L13000088895

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : ASAP ACCOUNTING & TAX CORPORATION
Account Number : I200000000203
Phone : (954) 965-9491
Fax Number : (954) 965-9492

** Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address: ASAPACCOUNTING@LIVE.COM

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14 JAN 31 PM 3:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
2014 JAN 31 AM 11:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LA ALDEA COMMUNICATIONS LLC

Certificate of Status	1
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Corporate Filing Menu

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K. SALLY
EXAMINER
FEB 3 2014

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COVER LETTER**TO: Registration Section
Division of Corporations****SUBJECT: LA ALDEA COMMUNICATIONS LLC**

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JAIRO BOSCH

Name of Person

ASAP ACCOUNTING & TAX CORPORATION

Firm/Company

7179 PEMBROKE ROAD

Address

PEMBROKE PINES, FL 33023

City/State and Zip Code

asapaccounting@live.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jairo Bosch

Name of Person

954 965-9491at ()
Area Code

Daytime Telephone Number

Enclosed is a check for the 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

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(((H14000025293 3)))

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED

2014 JAN 31 AM 11:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDALA ALDEA COMMUNICATIONS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 06/20/2013 and assigned
Florida document number L13000088895

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

JAIME FONSECA

New Registered Office Address:

106 BELMONT LANE

Enter Florida street address

NORTH LAUDERDALE

Florida 33066

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 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.

Jaime Fonseca
Signature of New Registered Agent

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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:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

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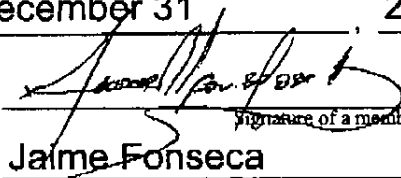
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Article VII. Officers and Directors:Jaime Fonseca, P/T/D, 106 Belmont Lane, North Lauderdale, FL 33066Margarita Rodriguez, V/S/D, 106 Belmont Lane, North Lauderdale, FL 33066**Article VIII. Distributive Shares of Income, Losses, and Capital Investment:**Jaime Fonseca (50%), and Margarita Rodriguez (50%).

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated December 31, 2014



Signature of a member or authorized representative of a member

Jaime Fonseca

Typed or printed name of signee

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Filing Fee: \$25.00

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