

L13000097095

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : LEBRON ACCOUNTING SERVICES INC
Account Number : T20110000076
Phone : (813) 877-8918
Fax Number : (813) 514-2806

RECEIVED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.
Email Address: LEBRONACCOUNTING@GMAIL.COM

2013 NOV 19 AM 9:32

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LA PLAGE, LLC

Certificate of Status	1
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J. SAULSBERRY
EXAMINER

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Corporate Filing Menu

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LA PLAGE, 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:

ANTHONY CONA

Name of Person

LA PLAGE LLC

Firm/Company

1418 STONEHENGE WAY

Address

PALM HARBOR, FL 34684

City/State and Zip Code

TONYCONA@ME.COM

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

For further information concerning this matter, please call:

ANTHONY CONA

Name of Person

at **727 831-2937**

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

2013 NOV 19 AM 9:32

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

LA PLAGE, 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 07/09/2013 and assigned Florida document number L13000097095

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 "LLC."

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:

ANTHONY CONA

New Registered Office Address:

741 BAYWAY BLVD.

Enter Florida street address

CLEARWATER

Florida 33767

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.

Anthony Cona
If Changing Registered Agent, Signature of New Registered Agent

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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

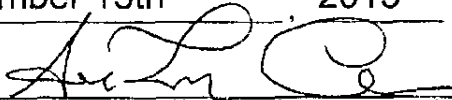
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	FRANK BLAINEY	1524 PLEASANT GROVE DR	<input type="checkbox"/> Add
		DUNEDIN, FL 34698	<input checked="" type="checkbox"/> Remove
MGRM	PASCAL DANON	2131 ALVARADO LN	<input type="checkbox"/> Add
		SARASOTA, FL 34231	<input checked="" type="checkbox"/> 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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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated November 15th, 2013



Signature of a member or authorized representative of a member

Anthony Cona

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2013 NOV 19 AM 9:32

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