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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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2013 SEP 30 AM 8:17

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LAISSEZ FAIRE LLC**

Certificate of Status	0
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Page Count	05
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Corporate Filing Menu

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Laissez Faire 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:

Donald DeWain Cross

Name of Person

Laissez Faire LLC

Firm/Company

11380 Prosperity Farms Road, 221E

Address

Palm Beach Gardens, FL 33410

City/State and Zip Code

michael@corpcreations.com

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

For further information concerning this matter, please call:

Gaston Fernandez

Name of Person

305, 459-6630

Area Code & Daytime Telephone Number

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35-2013-09357
PACIFIC STATE
FLORIDA

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

LAISSEZ FAIRE 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 September 13, 2013 and assigned Florida document number L13000130013

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:

(My) home 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:

New Registered Office Address:

Enter Florida street address

City Florida 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, Signatures 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Veronica Galvez</u>	<u>11380 Prosperity Farms RD, #221E</u>	<input type="checkbox"/> Add
		<u>Palm Beach Gardens, FL 33410</u>	<input checked="" type="checkbox"/> Remove
<u>MGRM</u>	<u>Donald DeWain Cross</u>	<u>11380 Prosperity Farms RD, #221E</u>	<input checked="" type="checkbox"/> Add
		<u>Palm Beach Gardens, FL 33410</u>	<input type="checkbox"/> Remove
<u>MBR</u>	<u>Carmen Cross</u>	<u>11380 Prosperity Farms RD, #221E</u>	<input checked="" type="checkbox"/> Add
		<u>Palm Beach Gardens, FL 33410</u>	<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

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

Dated September 27, 2013

Signature of a member or authorized representative of a member

DONALD D. CROSS

Typed or printed name of signee

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Filing Fee: \$25.00

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