L13000148991

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COVER LETTER

TO: Registration Section
Division of Corporations

LIAT CORPORATION

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:

ARLENE LAFONTAINE

Name of Person

LIAT CORPORATION

Firm/Company

693 SW Millard Drive

Address

Port St. Lucie, FL 34953

City/State and Zip Code

lafontaine.arlene@gmail.com

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

For further information concerning this matter, please call:

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

Liat, L	LC	
(Name of the Limited Li (A Fl	ability Company as it now appears on orida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liab Florida document number L13000148991	ility Company were filed on 10/22/	2013 and assigned
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of th	ne limited liability company here:	
. The new name must be distinguishable and end with the "L.L.C."	he words "Limited Liability Company,"	the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable	le:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>	FILED 10V -6 PN 4: 03 11 KKY OF STATE HASSEE, FLORIDA
B. If amending the registered agent and/or registered agent and/or the new registered offic		records, <u>enter the name of the nev</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter F	lorida street address
		, Florida
•	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.

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGRM	ARLENE LAFONTAINE	693 SW Millard Drive	Add
		Port Saint Lucie, FL 34953	Remove
MGRM	LUIS ALBERTO CABRERA	693 SW Millard Drive	- _ 🚺 Add
		Port Saint Lucie, FL 34953	Remove
			_
		TALLAHAS	Remove
		SEE FLORIDA	-6 PH Add
		O _A	Remove
			,
			Add
			Add
			Remove

D. I	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
Date	
	Signature of a member or authorized representative of a member
	ARLENE LAFONTAINE
	Typed or printed name of signee

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Filing Fee: \$25.00

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