

L14,00000197-24

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500277774605

10/08/15--01006--045 \*\*25.00

FILED  
15 OCT -8 PM 2:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OCT 09 2015

Y SULKER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LA Global Services

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Rima Petersen

Name of Person

LA Global Services LLC

Firm/Company

440 Sawgrass Corp Pkwy, suite 212

Address

Sunrise, FL, 33325

City/State and Zip Code

rpetersen@laglobalservices.com

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

For further information concerning this matter, please call:

Rima Petersen

Name of Person

at ( 954 )

Area Code

496 5727

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

LA Global Services LLC

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
MGR	Martino, Eloy	7430W 104 Ave #204 Pembroke Pines, FL, 33025	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
15 OCT -8 PM 2:38  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

15 OCT -8 PM 2:38  
CLERK HARRY G. STATH  
TALLAHASSEE, FLORIDA

15 OCT - 8 PM 2:38  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated October 4, 2015

~~Rene Peterson~~

Signature of a member or authorized representative of a member

Rima Petersen

Typed or printed name of signee