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(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
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(Bu	usiness Entity Nar	ne)
(Do	ocument Number)	
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COVER LETTER

Division of Corpor			•
SUBJECT: LA G	lobal Servi	ces	
3000ECT:	Name of Limit	ed Liability Company	
The enclosed Articles of Am	endment and fec(s) are subn	nitted for filing.	
Please return all corresponde	nce concerning this matter t	o the following:	
	Rim	Name of Person	
		Name of Person	
	LA Glob	od Services Firm/Company	LC
	440 Sawa	rown Corp Pkwy	suite 212
	Sunrise	City/State and Zip Code	
	and acces	City/State and Zip Code	600
-	E-mail address: (t	clayobal services obe used for future annual report notifica	ation)
For further information conc			
Rima ?	etersen	at (954) 496 5 Area Code Daytime T	727
Name of Pe	erson	Area Code Daytime T	elephone Number
Enclosed is a check for the f	ollowing 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

LA Global S	ervices	rrc		
(Name of the Limited Lin (A Flo	ibility Company as it now a orida Limited Liability Comp	any)		
The Articles of Organization for this Limited Liabili		02 05	2014 and a	ssigned
This amendment is submitted to amend the following	g:			
A. If amending name, enter the new name of the	limited liability compa	ny here:		
The new name must be distinguishable and contain the words	Limited Liability Company,	"the designation "LLC" of	or the abbreviation "	L.L.C."
Enter new principal offices address, if applicable				
(Principal office address MUST BE A STREET AI	DDRESS)			
			···	
Enter new mailing address, if applicable:				-
(Mailing address MAY BE A POST OFFICE BOX	2			
B. If amending the registered agent and/or r registered agent and/or the new registered office		ss on our records,	enter the name	e of the new
Together the state and state to the state of	address note.		法数	6
Name of New Registered Agent:			ASSE	0 Finns
New Registered Office Address:				R IN
	Eni	er Florida street address	20.75 5.55 5.55	₩ C
_	City	, Flor	rida <u>Zîp</u> Cod	8
	c_{ty}		zip Coa	Ľ

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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

Ι,

MGR = Manager

AMBR = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Martino, Eloy	74300 109 Ave #204 Pembroke Pines, FL, 330	
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Effective date, if other than the date	of filing:		(opt	tional)	
f an effective date is listed, the date must be s Note: If the date inserted in this block of	Decine and camiot be p	mor to date or ming t	n muic man 70 uays an	er filing.) Pursuan	t to 605.02 be listed
document's effective date on the Depart	ment of State's reco	rds.	ang requirements, a	no date will not	00 110100
he record specifies a delayed eff The 90th day after the record		not an effectiv	e time, at 12:01	a.m. on the	earlier
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Dated October 4	<u> </u>	15.			
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Sign	ature of a member or a	nuthorized represents	tive of a member	,	
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