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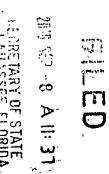
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COVER LETTER

то:	Registration Se Division of Cor		`*	
SUBJE	LA CLOTI	LDE LLC		
SOBJE	CI:	Name of Limi	ted Liability Company	
The enc	losed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please r	eturn all correspo	ndence concerning this matter t	to the following:	
		ARIEL GIGLIO		
Name of Person				
		LA CLOTILDE LLC		
			Firm/Company	· · · · · · · · · · · · · · · · · · ·
		5481 WILES RD STE 505		
			Address	
		COCONUT CREEK FL 33	3073	
			City/State and Zip Code	
		ariel.giglio@deluxerealty.us		
		E-mail address: (t	o be used for future annual report notific	eation)
For furt	her information co	oncerning this matter, please ca	ıll:	
ARIEL	GIGLIO		954 623-7527 at ()	
	Name of	f Person	at ()	l'elephone Number
Enclose	d is a check for th	ne 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

LA CLOTILDE LLC		
(Name of the Lim	ited Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)
The Articles of Organization for this Limited I Florida document number L14000029433	Liability Company were filed on $\frac{0}{2}$	2/20/2014 and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name	of the limited liability company h	ere:
The new name must be distinguishable and contain the	words "Limited Liability Company," the	lesignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli (Principal office address MUST BE A STRE		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE		STATE ORIDA
B. If amending the registered agent and registered agent and/or the new registered of		our records, enter the name of the ne
Name of New Registered Agent:	ARIEL GIGLIO	
New Registered Office Address:	5481 WILES RD STE 505	
, ,	Enter Flo	rida street address
	COCONUT CREEK	, Florida 33073
	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 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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	JOSE C CUPELLI	5481 WILES RD STE 505	
		COCONUT CREEK FL 33073	■ Remove
			☐ Change
MGR	MIRIAM G DOS SANTOS	5481 WILES RD STE 505	Add
		COCONUT CREEK FL 33073	≡ Remove
			Change
MGR	ADRIANO CUPELLI	5481 WILES RD STE 505	
		COCONUT CREEK FL 33073	■ Remove
			Change
MGR	SHARP MANAGEMENT GROUP	5481 WILES RD STE 505	■ Add
		COCONUT CREEK FL 33073	□ Remove
			Change
			Add
			□ Remove
			Change
			Add Remove— Change Company Company
			STAIL STAIL

lf amen	ding any other information, enter change(s) here: (Attach additional	sheets, if necessary.)	
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ated _	1 206.00. 200		
	And,		
	Signature of a member or authorized representative of a		Y-1
	CUPELLA JOSE C Typed or printed name of signee	AYETANOS	Electrical Control of E
		2 Y S	m
	Page 3 of 3	Frs P	O

Filing Fee: \$25.00