L14 000/43453

(Re	equestor's Name)	
(Ac	dress)	
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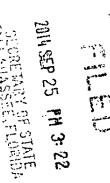
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COVER LETTER

	Division of Corp				
SUBJEC	·T·	LGA Pemb	oroke, LLC.		
SOBJEC		Name of Lim	ited Liability Company		
The enclo	osed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
•		ndence concerning this matter	_		
~		J	ose M. Gomez		
			Name of Person		
		LGA	A Pembroke, LLC.		
			Firm/Company	· 20	
		6095 N	IW 167th St Suite D		" \
			Address		4 3
			Miami, FL. 33015		7 I
		1.	City/State and Zip Code		مسود.
		E-mail address: (ke@laurengadams.r to be used for future annual report notif	ication)	
For furthe	er information co	ncerning this matter, please ca	all:		
	Jose M	1. Gomez	at (305) 905-67		
	Name of	Person	Area Code Daytime	c Telephone Number	
Enclosed	is a check for the	e following amount:			
□ \$25.0	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)	
	Registra Divisior P.O. Bo	NG ADDRESS: tion Section of Corporations x 6327 seee, FL 32314	STREET/COURING Registration Section Division of Corpora Clifton Building 2661 Executive Ceru Tallahassee, FL 323	n ations nter Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	oroke, LLC.
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)
	Sign 10
The Articles of Organization for this Limited Liability Compar	ny were filed on Sep 15, 2014 and assigned
Florida document number <u>L14000143453</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	ability company here:
N/A	
The new name must be distinguishable and end with the words "Limited Li	ability 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)	N/A
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	6095 NW 167th St Suite D3
	Miami, FL. 33015
	TVIII TITLE OF THE
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 he	ere:
Name of New Registered Agent:	N/A
New Registered Office Address:	N/A
New Registered Office Address.	Enter Florida 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 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 the Managers or Authorized Member on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = M $AMBR = A$	anager uthorized Member ·		
<u>Title</u>	Name	Address	Type of Action
<u>MGR</u>	Joseph Ovadia	3776 Saratoga Ln.	TAGE AND THE PROPERTY OF THE P
		Davie, FL. 33328	Remove
MGR	Leandro Seguro	1800 S. Ocean Dr. #607	
		Hallandale, FL. 33009	Remove
			<u> </u>
			Add
			Remove
			 □ Add
			Remove
			□ Add
			□ Remove

_□ Add

☐ Remove

	, N/A		
Effective da The effective de	ate, if other than the date of filing: (optional date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after locument is filed by the Florida Deportment of State)))	
the date this de	te, if other than the date of filing:)	
the date this de	September 22, 2014.) Σω	28
Effective da (The effective decided the date this decided	locument is filed by the Florida Department of State)) 11.7 10.8 10.8	2015

Page 3 of 3

Filing Fee: \$25.00