

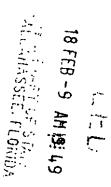
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## **COVER LETTER**

Division of Corporations
SUBJECT: LAGEDOY LLC  Name of Limited Liability Company
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:
TEDERICO TUVIZ ROTENO
CAGEDON CLC Firm/Company
346 Su 1012 TER
PETBROKE PINES FL 33029  City/State and Zip Code  FDMD NSN. COM  E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
FEDERICO RUNIZ 720 RENO at (305) 8/5 0875  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{Certificate of Status}\$ \$\times \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)}\$\$\$ \$Certified Copy (additional copy is enclosed)\$\$\$ \$\times \text{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

(Name of the Li	mited Liability Company as it now appears on our (A Florida Limited Liability Company)	records.)
The Articles of Organization for this Limited	Liability Company were filed on	and assigned
Florida document number	·	
This amendment is submitted to amend the f	ollowing:	
A. If amending name, enter the new name	of the limited liability company here:	
The new name must be distinguishable and contain the	e words "Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if app	licable:	
(Principal office address MUST BE A STR.	EET ADDRESS)	
Enter new mailing address, if applicable:		7
(Mailing address MAY BE A POST OFFIC	(E BOX)	FE
		SS.
		The same of the sa
B. If amending the registered agent at registered agent and/or the new registered	nd/or registered office address on our re office address here:	cords, enter the name of the nev
Name of New Registered Agent:	LAGE, CELSO ELA	
New Registered Office Address:	LAGE, CELSO ELA 346 SW 1915+ TER Enter Florida street	address
	RETIBLOKE PINES	
	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, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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Filing Fee: \$25.00