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ALLAHASSEE, FIORIN

COVER LETTER

Division of Cor			
SUBJECT: Le Serer	o Development Group,	LLC	
SUBJECT.	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub-	_	
·	Jaqui Levy Hara	ū	
		Name of Person	
	mckafka Developme	ent Group, LLC	
		Firm/Company	
	20900 NE 30th Ave	Suite 603	
		Address	
	Aventura, FL 33180		
		City/State and Zip Code	
	jaquigruz@hotmail.co		<u>-</u>
	E-mail address: (to be used for future annual report notific	cation)
For further information co	oncerning this matter, please ca	all:	
Jaqui Levy Hara		305 917-7673 Area Code Daytime	
Name of	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Fiting 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

Le Sereno Development Grou				
(Name of the Limited L (A F	iability Company as it now appears on our records.) lorida Limited Liability Company)			
The Articles of Organization for this Limited Liabil Florida document number L14000155496		aı	nd assi	igned
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	limited liability company here:			
Le Sereno Development, LLC				
The new name must be distinguishable and end with the word	s "Limited Liability Company," the designation "LLC" or the	ie abbrevia	ation "L	.L.C."
Enter new principal offices address, if applicable				
(Principal office address MUST BE A STREET A	DDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u> </u>			
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:		er the n	ame o	of the ne
Name of New Registered Agent.		HAS	8	3 1
New Registered Office Address: —	Enter Florida street address , Florida City	RY OF SEE. F	AH COR	Pare
New Registered Agent's Signature, if changing Regis	stered Agent:		4	

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

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	f other than the de	ite of filing:			(optional)
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Filing Fee: \$25.00

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