## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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(((H16000136042 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : NEW START BUSINESS SOLUTIONS INC

Account Number: I20130000079 : (305)804-1047 Phone Fax Number : (866)767-7835

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LAGRANGE BUSINESS LLC

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Corporate Filing Menu

Help

From: Hector Rodriguez Fax: (866) 767-7835

To: Sunbiz LLC

Fax: +1 (850) 6176383

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## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

(((H16000136042 3)))

LAGRANGE BUSINESS LLC (Name of the Lim	ited Liability Compa	ny as it now app	ears on our records.)			
The Articles of Organization for this Limited I				and assigned		
Florida document number L15000007152	•					
This amendment is submitted to amend the fol	lowing:					
A. If amending name, enter the new name (	of the limited liab	ility company	here:			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," tl	e designation "LLC" or	the abbreviation "L.L.C."		
nter new principal offices address, if applicable:		10063 SW C	hadwick Drive			
(Principal office address MUST BE A STRE	ET ADDRESS)	Port Saint La	icie, Fl 34987			
			<del>, , , , , , , , , , , , , , , , , , , </del>			
nter new mailing address, if applicable:		10063 SW Chadwick Drive				
(Mailing address MAY BE A POST OFFICE	T ROY	Port Saint Li	icie, Fl 34987			
B. If amending the registered agent and registered agent and/or the new registered of			on our records, e	nter the name of the a		
			on our records, e	nter the name of the a		
registered agent and/or the new registered of New Registered Agent:		<u>e</u> :	on our records, e	nter the name of the i		
registered agent and/or the new registered of	office address her	dwick Drive	on our records, <u>e</u>	nter the name of the i		
registered agent and/or the new registered of New Registered Agent:	office address her	e: adwick Drive Enter I	Florida street address	la 34987		
registered agent and/or the new registered of New Registered Agent:	office address her	e: adwick Drive Enter I				
registered agent and/or the new registered of Name of New Registered Agent:  New Registered Office Address:  New Registered Agent's Signature, if changing	10063 SW Cha Port Saint Luci Registered Agent:	e: adwick Drive Enter i ie City	Floridu street address, Florid	n 34987 Zip Code		
Name of New Registered Agent:  New Registered Office Address:  New Registered Office Address:  New Registered Agent's Signature, if changing I hereby accept the appointment as register provisions of all statutes relative to the propaccept the obligations of my position as registery being filed to merely reflect a change in the	10063 SW Cha Port Saint Luci Registered Agent: red agent and agr per and complete ristered agent as is registered office	dwick Drive Enter i  City  ee to act in the performance provided for i	Florida street address, Florid is capacity. I furthe of my duties, and I n Chapter 605, F.S.	a 34987 Zip Code er agree to comply with a am familiar with and . Or, if this document is		
Name of New Registered Agent:  New Registered Office Address:  New Registered Agent's Signature, if changing I hereby accept the appointment as registered.	Port Saint Luci Registered Agent: red agent and agr per and complete gistered agent as j registered office s change.	dwick Drive  Enter is  City  ee to act in the performance provided for is address, I he	Florida street address , Florid is capacity. I furthe of my duties, and I n Chapter 605, F.S. reby confirm that th	Ta 34987  Zip Code  or agree to comply with a am familiar with and or, if this document is the limited liability		
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From: Hector Rodriguez Fax: (866) 767-7835

To: Sunbiz LLC

Fax: +1 (850) 6176383

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## 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 (((H16000136042 3)))

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		MIAMI, FL 33194	■ Remove
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