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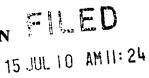
## **COVER LETTER**

Division of Cor	porations					
	OLDINGS LLC.					
SUBJECT: Name of Limited Liability Company						
losed Articles of	Amendment and fce(s) are sub-	mitted for filing.				
eturn all correspo	ondence concerning this matter	to the following:				
	MIGUEL ADRIANO F CA	ARVALHO				
		Name of Person				
	LAGOA HOLDINGS LLC					
		Firm/Company				
	8386 VIA SERENA					
		Address				
	BOCA RATON/FLORIDA	33433				
	ADRIANO@CARVALHO.	City/State and Zip Code COM				
	E-mail address: (	to be used for future annual report notific	cation)			
ner information c	oncerning this matter, please ca	all:				
MIGUEL ADRIANO F CARVALHO		305 857-2827				
Name o	f Person	Area Code Daytime	Telephone Number			
d is a check for th	ne following amount:					
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)			
	LAGOA HE CT:  losed Articles of eturn all corresponder information of the correspondence in the correspondence	Name of Lim  losed Articles of Amendment and fee(s) are subseturn all correspondence concerning this matter  MIGUEL ADRIANO F CA  LAGOA HOLDINGS LLC  8386 VIA SERENA  BOCA RATON/FLORIDA  ADRIANO@CARVALHO.  E-mail address: (concerning this matter, please concerning this matter.	LAGOA HOLDINGS LLC.  The submitted Liability Company  losed Articles of Amendment and fcc(s) are submitted for filing.  eturn all correspondence concerning this matter to the following:  MIGUELADRIANO F CARVALHO  Name of Person  LAGOA HOLDINGS LLC.  Firm/Company  8386 VIA SERENA  Address  BOCA RATON/FLORIDA 33433  City/State and Zip Code  ADRIANO@CARVALHO.COM  E-mail address: (to be used for future annual report notifiner information concerning this matter, please call:  ELADRIANO F CARVALHO  Name of Person  Area Code  Daytime  d is a check for the following amount:  100 Filing Fee  \$30.00 Filing Fee & Certified Copy			

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**



LAGOA HOLDINGS LLC

SECRETARY OF STATE

(Name of the Limited Liability Company as it now appears on outerschool) ASSEE, FLORIDA

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability	y Company were filed on MARCH (	03, 2015 and assigned
Florida document number L15000038613	<del>.</del>	
This amendment is submitted to amend the following	;;	
A. If amending name, enter the new name of the li	imited liability company here:	
The new name must be distinguishable and contain the words "I	Limited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		****
(Principal office address MUST BE A STREET AD	DRESS)	
	<del> </del>	
VD 40		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reregistered agent and/or the new registered office and Name of New Registered Agent:		records, enter the name of the new
New Registered Office Address:	Enter Florida stree	et address
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registe	ered Agent;	
I hereby accept the appointment as registered age, provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this change	d complete performance of my duit I agent as provided for in Chapter	ties, and I am familiar with and r 605, F.S. Or, if this document is

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>	Name	Address	Type of Action
AMBR	Quattro Solution Management, Ilc	1181 S ROGERS CIR UNIT 6	<b>=</b> Add
		BOCA RATON, FL 33487	Remove
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). If amend	ling any other information, enter change(s) h	ere: (Attach additio	onal sheets, if necessa	ry.)	
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Note: If	date, if other than the date of filing: ive date is listed, the date must be specific and cannot be put the date inserted in this block does not meet the approximation of state on the Department of State or record	dicable statutory filing	ore than 90 days after filing g requirements, this date	) g.) Pursuant to 605.02 e will not be listed	:07 (3)(b as the
f the recor b) The 9	rd specifies a delayed effective date, but Oth day after the record is filed.	not an effective t	ime, at 12:01 a.m.	on the earlier	of:
TI Dated	JESDAY JULY 7TH 2015	· · ·	) .		
		i ja			
	Signature of a member or at	athorized representative	of a member	ESE 5	
	MIGUEL ADRIANÓ F CARVALHO			CRE LAR	STATE OF THE STATE
	Typed or pr	rinted name of signee		550	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Pa	ige 3 of 3		AM II: 24 FE, FLORID	C
	Filing	Fee: \$25.00		: 24 TATE ORIBA	