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(Re	equestor's Name)	
(Ac	ldress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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FLORIDA DEPARTMENT OF STATE Division of Corporations

April 15, 2016

MARIANNA LABONTE 2668 RAVELLA LN PALM BEACH GARDENS, FL 33410

SUBJECT: THE LABONTE COMPANY, LLC

Ref. Number: L15000053133

We have received your document for THE LABONTE COMPANY, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 516A00007815

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The LaBonte Compa	my LLC			
(A Florida Limited Liability Compa	ny as/It now appears on our records Liability Company)	3		
The Articles of Organization for this Limited Liability Company Florida document number <u>L 150 000 63 /3</u> 3	were filed on MALCh 25	1201.	∑ and assigned	
His amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab A Management LLC				
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbr	eviation."L.L.C."	
Enter new principal offices address, if applicable:	2668 Ravella	di		
(Principal office address MUST BE A STREET ADDRESS)	2668 Lavella Palm Black Ea,	e dev	s, FL:	3341
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2668 Rave 11. Palm Blach 6	n d	ane ms, FL3	- _34/î
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		340	29.	new
Name of New Registered Agent:	Davida Land		5	_
New Registered Office Address: 2668	Enter Florida street address	14,		_
Palm Beach	bardley, Flo	rida	33470	_
1	Ciry	7.2	Z ₩ 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

Page 1 of 3

If amending or removed	f amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being add or removed from our records:			
MGR = Manager AMBR = Authorized Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
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ctive date, if other than the date of filing:	(optional))
effective date is listed, the date must be specific and cannot be prior to date o	of filing or more than 90 days after filing	g.) Pursuant to 605,02
e: If the date inserted in this block does not meet the applicable statement's effective date on the Department of State's records.	tutory fitting requirements, this date	will not be listed
ecord specifies a delayed effective date, but not an ef	ffective time, at 12:01 a.m.	on the earlier
ne 90th day after the record is filed.		
. Way Ind 2016		
ed May 2 nd, 2016		
Signature of a member or authorized rep	presentative of a member	
Marianna Laba Typed or printed name		

Page 3 of 3

Filing Fee: \$25.00