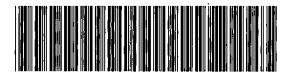
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Special Instructions to	Filing Officer:	

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SECRELARY OF STATE

D. SCOTT **SEP** 3 0 2016

COVER LETTER

TO:

Registration Section

Div	ision of Co	porations		
	LCSS, LLC	2		
SUBJECT:			ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		MARIA CALDERON		
			Nume of Person	•
		LSS, LLC		
			Firm/Company	•
		4301 N COOLIDGE AVE		
			Address	•
		TAMPA, FL 33614		
		MYLCSS123@GMAIL.CO	City/State and Zip Code	•
		-	to be used for future annual report notification)	
For further in	nformation c	oncerning this matter, please ca	ail:	SEC SEC
MARIA CA	LDERON		813 285-3682	SE SE TI
	Name o	f Person	at () Area Code Daytime Telephone Number	四二一四
Enclosed is a	check for th	ne following amount:		52 8
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	ite of Status &
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	
	Tallaha	ssee, FL 32314	2661 Executive Center Circle	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

B. If amending the registered agent and/or	registered office address on our records,	SEDRE The LEGGE SERVICE SERVIC
(Mailing address MAY BE A POST OFFICE BO B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:	registered office address on our records,	enter the name of the her
B. If amending the registered agent and/or	registered office address on our records,	enter the name of the he
B. If amending the registered agent and/or	registered office address on our records,	enter the name of the he
		SE SE
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
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Enter new mailing address, if applicable:		
	The same of the sa	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new principal offices address, if applicabl		
The new name must be distinguishable and contain the word	• • • •	or the appreviation "L.L.C.
	Large Market (1977)	the literature of the literatu
A. If amending name, enter the new name of th	ne limited liability company here:	
This amendment is submitted to amend the followi	ing:	
Florida document number 115000131245	<b>.</b>	
The Articles of Organization for this Limited Liabi	ility Company were filed on 0//31/2015	and assigned
	07/21/2016	
(7)	Florida Limited Liability Company)	

## 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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	YONY GONZALES	4301 N COOLIDGE AVE	Add
	TAMPA, FL 33614	■ Remove	
			Change
			Add
		······································	□ Remove
			Change
			Add
		<del></del>	□ Remove
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Eive date, if other than the date of filing:  fective date is listed, the date must be specific and cannot be prior to date of filing or mor. If the date inserted in this block does not meet the applicable statutory filing ment's effective date on the Department of State's records.	e than 90 days after filing.) Pursuant to 605.0207
cord specifies a delayed effective date, but not an effective ting 90th day after the record is filed.	me, at 12:01 a.m. on the earlier of
9/26, 2016	
The And Oak	MUM FINANCIO / SVOS
Signature of a member or authorized representative of	f a member
Gary Ganzie, Agent Ophinum Finance	ial Dennoes INC.

Page 3 of 3

Filing Fee: \$25.00