150013193

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
, , , , , , , , , , , , , , , , , , , ,	
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
]

Office Use Only



400298914684

05/10/17--01004--001 **50.00

TALLAHASSEE FLORID

MAY 1 0 2017 S. YOUNG

RECEIVED

MENNY -9 PM 3 3

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

			<u> </u>			
LAPEMA, LLC						
					,	
			1			
			-			
	-		 			
· · · · · · · · · · · · · · · · · · ·				Art of Inc. File		
				LTD Partnership File	_	
				Foreign Corp. File		
			1 7	L.C. File		
				Fictitious Name File	_	
•				Trade/Service Mark		s⊋g.
			<u> </u>	Merger File	7 MAY	CR CR
•			X	Art. of Amend. File	=======================================	SAT THE
			\	RA Resignation	ف	SEE CAN
				Dissolution / Withdrawal	 	
			<u> </u>	Annual Report / Reinstatement	و	
				Cert. Copy	(A)	
				Photo Copy	1	700.24
				Certificate of Good Standing	1	
				Certificate of Status	-	
				Certificate of Fictitious Name		
			l	Corp Record Search		
				Officer Search		
			—-	Fictitious Search		
Signature				Fictitious Owner Search	 ,	
			 	Vehicle Search		
			· ——	Driving Record		
Requested by:			}	UCC 1 or 3 File		
Name	Date	Time		UCC 11 Search		
Walle In	33711 PS 1 **			UCC 11 Retrieval		
Walk-In	Will Pick Up			Courier		

COVER LETTER

TO: Registration Sec Division of Corp		
LAPEMA, I SUBJECT:	LC	
	Name of Limited Liability Company	
	Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following:	
	Maximilian Schenk, Esq.	
	Name of Person	
	Schenk & Associates, PLC	
	Firm/Company	
	1001 Brickell Bay Drive, Suite 1200	
	Address	
	Miami, FL 33131	<u>-</u>
	City/State and Zip Code mjs@schenk-law.com E-mail address: (to be used for future annual report notification)	RETA
		SSECTION OF THE PROPERTY OF TH
For further information co	oncerning this matter, please call:	700
Maximilian Schenk	at ()	器
Name of	Person Area Code Daytime Telephone Number	7
Enclosed is a check for the	e following amount:	
\$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

LAPEMA, LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	-
The Articles of Organization for this Limited Liability Company Florida document number <u>L15000131752</u> .	y were filed on August 4, 2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		SECRETARY TALLAHASS
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.	office address on our records, <u>ent</u> r <u>e</u> :	ter the name of the flew.
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>.</u>	

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	Pedro Eduardo Da Cunha Pereira	150 SE 2nd Ave, Ste. 808	□ Add
		Miami, FL 33131	■ Remove
			Change
			Add
			□ Remove
			□ Change
			OAdd To
			ARETARY C
			Caprige E of Charles
			Remove
			Change
			Add
			□ Remove
			□ Change
	· · · · · · · · · · · · · · · · · · ·		Add
		······	□ Remove
			Change

					and the same of th
				· · · · · · · · · · · · · · · · · · ·	
	W.S				
		······································		·	<u> </u>
					<u> </u>
<u></u>					- MH -9
					3
****					Ţī.
· · · · · · · · · · · · · · · · · · ·					

ective date, if other the effective date is listed, the effective date inserted in ament's effective date of the effective date of the effective date of the effective date.	date must be specific and this block does not t	d cannot be prior to a meet the applicabl	late of filing or more e statutory filing n	(optional) than 90 days after filing equirements, this date	.) Pursuant to 605,0207 (3)(b will not be listed as the
record specifies a one 90th day after t	lelayed effective on the record is filed.	date, but not a	in effective tim	e, at 12:01 a.m.	on the earlier of:
May 0		2017			
ed . Way 9		,			
ed May 9	1 1				

Page 3 of 3

Filing Fee: \$25.00