## Striction of Corporation Encomprise Corporation Encomprise ting Corer Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000221145 3)))



H180002211453ABCV

	another cover sheet.	26	3
To:			33
Divisio	n of Corporations	II [	-ບ
Pax Nun	ber : (850)617-6383	対別	
		80.73	Ψ-
Prom:		( <del>-</del> 1, -1, -1, -1, -1, -1, -1, -1, -1, -1, -	
Account	Name : TORRES & VADILLO, LLD	ت ب	777
Account	Number : 12015080003\$		
Phone	: (305)485-9700	بالزوة فسنه	_
Fax Nu	ber : (305)436-0191	O	ကဲ့
		future B	

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LAVS CORP LLC

Certificate of States	 1	0
Certified Copy	 i	0
Page Count	. !	. 6
Estimated Charge	 	\$25.00

RECEIVED 15 SEP 14 PM 4: 34 SE

Electronic Filing Menu

Corporate Filing Menu

Help

SER 15 MIT. J. HARRIS 850-817-8381

9/8/2015 8:57:30 AM PAGE 1/001 Fax Server



September 8, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

LAVS CORP LLC 9802 NW 80 AVENUE UNIT G-57 HIALEAH GARDENS, FL 33016US

SUBJECT: LAVS CORP LLC REF: L15000145035

We have received your electronically transmitted document. However, the document was submitted under the wrong electronic filing type and cannot be processed by this office.

To proceed, you must sbandon this filing and resubmit your filing under the appropriate electronic filing type.

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  $(850)\ 245-6051$ .

Jenna D Harris Regulatory Specialist II FAX Aud. #: H15000214562 Letter Number: 315A00018843

FECENED 15 SEP 11, PH 4: 34 SECRETARY OF SATE

F.O BOX 6327 – Tallahassee, Florida 32314

٠,

2016 SEP 14 AM 9: 05
SECRETARY OF STATE

H15000221145 3

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the L	imited Liability Com	oany as it now appears on	our records.)	<del></del>	
	(A Florida Limited	any as if now appears on a Liability Company)	TOMI_ISTO   MED		
The Articles of Organization for this Limite	d Liability Compan	y were filed on 08/24	4/2015 ar	nd assigned	
Florida document number L1500014503		•		_	
This amendment is submitted to amend the	following:				
A. If amending name, enter the new nam	e of the limited lie	bility company here:			
LAVS MIAMI, LLC					
The new name must be distinguishable and end with	the words "Limited Li	sbility Company," the desi	gnation "LLC" or the abbrevia	tion "L.L.C."	-
Enter new principal offices address, if ap	plicable:	N/A	D S	En end	wn,
(Principal office address MUST BE A STA	REET ADDRESS		27		<u>∓ (i</u>
			35		
			m's		al co
Enter new mailing address, if applicables		N/A	-11-		<u></u>
(Mailing address MAY BE A POST OFFI	CE BOX				
		· · · · · · · · · · · · · · · · · · ·	<u> </u>	1 <i>G</i> 1	_
B. If amending the registered agent a registered agent and/or the new registered			ır records, <u>enter the n</u>	ame of the	new
Name of New Registered Agent:	N/A				_
New Registered Office Address:				<del></del>	
. •		Enter Florida .	street address		
			, Florida		_
		City	2ip	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 camplete 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

ri Est

## H15000221145 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

Title	Name		Address	Type of Action
			N/A	Add
<del></del>		•		☐ Remove
		***		
· —————		· :		
				☐ Remove
7) 10				
<del></del>		-		Add
· • }				☐ Remove
٠,				BAR SER
		-		Remove P
			*	
		.;, <b>-</b>	<del></del>	□ Add
٠.				□ Remove
				<u>.</u>
		-		
				□ Remove

Effective date, if other than the date of filing:  (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)  Dated  9/3  2015  X  Significate of a member or authorized representative of a member  JESUS GUADELIS MANAGER	If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(The effective date trust be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)  Dated  9/3  Signature of a member or authorized representative of a member  JESUS GUADELIS MANAGER		N/A
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)  Dated  9/3  Signature of a member or authorized representative of a member  JESUS GUADELIS MANAGER		
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)  Dated  9/3  2015  Signature of a member or authorized representative of a member  JESUS GUADELIS MANAGER		
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)  Dated  9/3  2015  Signature of a member or authorized representative of a member  JESUS GUADELIS MANAGER		
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)  Dated  9/3  Signature of a member or authorized representative of a member  JESUS GUADELIS MANAGER		
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)  Dated  9/3  Signature of a member or authorized representative of a member  JESUS GUADELIS MANAGER		
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)  Dated  9/3  Signature of a member or authorized representative of a member  JESUS GUADELIS MANAGER		
Dated 9/3  X I LIUM LUCATULE  Signature of a member or authorized representative of a member  JESUS GUADELIS MANAGER	(The e	effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
X CLUI MUCALLA  Signature of a member or authorized representative of a member  JESUS GUADELIS MANAGER	thec	
JESUS GUADELIS MANAGER	Date	$\frac{9/3}{2}$ $\frac{2015}{2}$
JESUS GUADELIS MANAGER		× Jesin Ofwarklis
		· · · · · · · · · · · · · · · · · · ·
		JESUS/GUADELIS/MANAGER
Typed or printed name of signce		Typed or printed name of signce

Page 3 of 3

Filing Fee: \$25.00

2015 SEP 14 MM 9: 06