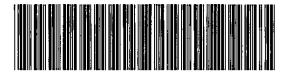
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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
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SEGRETARY OF STATE
SECRETARY OF STATE

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**3 MASON** 

## **COVER LETTER**

TO: Registration S Division of Co	Section orporations		
TED RE			
SUBJECT:		ited Liability Company	<del></del>
The enclosed Articles o	f Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	condence concerning this matter	to the following:	
	JOHN LAGO		
		Name of Person	
	LAGO FINANCIAL LLC		
		Firm/Company	
	14302 SW 76TH STREET		
		Address	<del></del>
	MIAMI, FL 33183		
		City/State and Zip Code	
	JCLAGO@LAGOFINANC	IAL.COM  to be used for future annual report notifi	reation)
For further information	concerning this matter, please ca	•	,
JOHN LAGO		786 541-2879 at ()	
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	the following amount:		
\$25.00 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)

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

ty Company as it now appears Limited Liability Company)	on our records.)	<del></del>
ompany were filed on JAN	NUARY 20, 2016 a	nd assigned
ited liability company he	<u>re</u> :	
ited Liability Company," the de	signation "LLC" or the abbreviat	ion "L.L.C."
<u> </u>		
tered office address on ress here:	our records, enter the n	name of the r
Enter Flori	da street address	
<i>C</i> <sub>2</sub>	, Florida	C. 1-
•	Σŧp	Coae
omplete performance of a gent as provided for in C	my duties, and I am familion hapter 605, F.S. Or, if this y confirm that the limited	ar with and s document is liability
If Changing Designation 1.4	Signature of Ni - Signature	in in
	tered office address on ress here:  Enter Flori  City  di Agent:  and agree to act in this complete performance of ingent as provided for in Cond office address, I hereby	tered office address on our records, enter the ress here:  Enter Florida street address  City Zip

• 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

Title Name Address Type of Action

SEC CHRISTIAN CALUSA 478 E ALTAMONTE DR

■ Add

STE 108-590 □ Remove

SEC	CHRISTIAN CALUSA	478 E ALTAMONTE DR	Add		
		STE 108-590	☐ Remove		
		ALTAMONTE SPRINGS, FL 32701-US	Change		
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ective date, if other than the effective date is listed, the date mute: If the date inserted in this becament's effective date on the I	ist be specific and cannot lock does not meet the	t be prior to date of filing or e applicable statutory fi	more than 90 days a			
record specifies a delaye he 90th day after the rec		but not an effective	e time, at 12:0	1 a.m. c	on the d	earlier (
JANUARY 28	201	6			~2	
	Eli.	to She	,	CORE	2016 FEB	T
	C					
	Signature of a member	r or authorized representati	ve of a member	ARY	1	m

Page 3 of 3

Filing Fee: \$25.00