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COVER LETTER

TO: Regis	stration Section of Corp	tion orations		·
CUB IECT.	L&A Interne	t Enterprise LLC		
SUBJECT:		Name of Limi	ted Liability Company	
The enclosed	Articles of A	mendment and fee(s) are subi	mitted for filing.	
Please return a	all correspon	dence concerning this matter	to the following:	
		Lynette M. Anderson		
			Name of Person	
		m-m-	Firm/Company	
		2691 University Blvd Nort	h Apt El 16	
			Address	
		Jacksonville, Florida 3221		
			City/State and Zip Code	
		llcsupport@primecorporate		
		E-maii address: (1	to be used for future annual report notific	zanon)
For further inf	formation cor	ncerning this matter, please ca	all:	
Lynette M. A	Inderson		at () Area Code Daytime	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for the	e following amount:		
\$25.00 Fi	ling 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**

L&A Internet Enterprise LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our records.) Hability Company)
The Articles of Organization for this Limited Liability Company Florida document number L16000031801	were filed on February 15, 2016 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2691 University Blvd North Apt E116
Principal office address MUST BE A STREET ADDRESS)	Jacksonville, Florida 32211
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	THE TARY OF STATE
3. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here	fice address on our records, enter the name of the
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
	City Zip Code

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

or removed MGR = M	from our records:	nanage, enter the title, name, and address of each person being add	
AMBR = A	uthorized Member,		
<u> Fitle</u>	<u>Name</u>	Address	Type of Action
			Remove
	,		Change
 			
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ive date, if other than the fective date is listed, the date mus If the date inserted in this bluent's effective date on the D	ock does not meet the epartment of State's red	applicable statutor ecords.	y filing requiren	nents, this date	e will not be liste
90th day after the rec					
May 27	2016				
90th day after the rec				· .	281
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90th day after the rec		dessor	ntative of a memb	er International	256

Filing Fee: \$25.00