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DIVISION OF COMPOSITIONS

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COVER LETTER

TO: Registration Section Division of Corpor	
SUBJECT: La	Mossa LLC
30BJEC1	Name of Limited Liability Company
The enclosed Articles of Am	endment and fee(s) are submitted for filing.
Please return all corresponde	ence concerning this matter to the following:
	Adalberto Carello Name of Person
!	La Mossa LLC Firm/Company
	Firm/Company
	1080 5 Rogers Grele Address
	Boca Raton FL 33487 City/State and Zip Code (ato @ carellogroup. com E-mail address: (to be used for future annual report notification)
	City/State and Zip Code
-	(ato @ carellogroup.com
For further information conc	erning this matter, please call:
Adalberto	
Name of Pe	rson Area Code Daytime Telephone Number
Enclosed is a check for the fo	ollowing amount:
\$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)
•	GADDRESS: STREET/COURIER ADDRESS:
	f Corporations Division of Corporations
P.O. Box 6	Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

La 790334 &C				
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)			
The Articles of Organization for this Limited Liability Company v	vere filed on 05/02/20/6 and assigned			
Florida document number <u>L16 0000 86025</u>				
This amendment is submitted to amend the following:	v as it now appears on our records.) ability Company) vere filed on 05/02/20/6 and assigned ity company here:			
A. If amending name, enter the new name of the limited liabil	ity company here:			
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	1080 S Rogers Circle			
(Principal office address MUST BE A STREET ADDRESS)	Boca Raton			
	FL 33487			
	5 6 5 6 1			
Enter new mailing address, if applicable:	1080 5 Rogers Circle Boca Raton			
(Mailing address MAY BE A POST OFFICE BOX)				
	FL 33487			
B. If amending the registered agent and/or registered office address here:				
Name of New Registered Agent: Miriam	B. Walling			
New Registered Office Address: 355 No	B. Walling E 5th Avenue Suite 6 Enter Florida street address			
Delvay	Beach Florida 33483			
	Beach Florida 33483 Zip Code			
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is			

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:

1

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			REMOVE OF Change
			Add Response
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flective date is listed To the date inser ment's effective d	ted in this block does ate on the Departmer	fic and cannot be pri not meet the appl nt of State's record	or to date of filing or icable statutory fi ls.	more than 90 days af ling requirements, t	otional) The filing.) Pursuant to 605.03 This date will not be listed This date will not be listed
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	Signature	e of a member or au	•	ve of a member	
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Filing Fee: \$25.00