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(Re	equestor's Name)	
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(Ci	ty/State/Zip/Phone	e #)
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D. SCOTT OCT 1 8 2016

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: LARA	2014 INVESTMENTS	S, LLC	
Sobject.		nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	SMALLPAG	E, LLOYD R	
		Name of Person	
	LARA 2014 I	NVESTMENTS, LLC	
	5975 SUNSE	Firm/Company T DRIVE SUITE 704	
		Address	
		MIAMI / FLORIDA 33143	
	lloydomoll	City/State and Zip Code page@gmail.com	
		to be used for future annual report notification)	
For further information of	concerning this matter, please c	all:	h D
LLOYD SMALL	.PAGE	at (786) 970-9772	3 71
Name o	of Person	Area Code Daytime Telephone Number	ELLED
			7 FO
Enclosed is a check for the	he following amount:		至。
S25.00 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)	55
Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	
Tailaha	assee, FL 32314	2661 Executive Center Circle	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LARA 2014 INVESTMENTS	S, LLC	
(Name of the Limited Liability Con	npany as it now appears on our records.) ted Liability Company)	
(A Florida Linnt	ed Clabinty Company)	
The Articles of Organization for this Limited Liability Compa	any were filed on08/31/16	and assigned
Florida document number <u>L16000163844</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	inhility Community at the Line of the Community at the	
The new name must be distinguishable and contain the words. Limited Li	lability Company, the designation "LLC" or the abi	previation "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)		
•	- · · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or registered		
registered agent and/or the new registered office address h	nere:	运 俗 o
		Egg g m
Name of New Registered Agent:		
Navy Bagintarad Office Address		221 一 河
New Registered Office Address:	Enter Florida street address	
		Z3 9
	, Florida	Zin Code
	J.17	any court ():

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 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
MGRM	FUNDACION CRISVAL	1900 North Bayshore Dr., Unit 3417	, □ Add
		MIAMI FL 33132	□ Remove
		•	Change
MGRM	PEREZ-DURAN, JOSE LUIS	15278 Wilshire Cir S	_ ĽX Add
		PEMBROKE PINES, FL 33027	Remove
			Change
			🗆 Add
			Remove
			_□ Change
			_□ Add
			Change Change
			Add Q Q Removel
			_ Change
			_□ Add
			_□ Remove
			_□ Change

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Effective	date, if other than the date of filing: (optional to date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing or	al)
Note: If	the date inserted in this block does not meet the applicable statutory filing requirements, this da	ing.) Pursuant to 605.0207 ate will not be listed as
locumen	's effective date on the Department of State's records.	
e recoi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m	m on the earlier of
	Oth day after the record is filed.	See S
	_	
	1	5-22 -
The 9	10/13/2016	高
The 9	10/13/2016 July	
	10/13/2016 Signature of a member or authorized representative of a member	BST 17 AN

Page 3 of 3

Filing Fee: \$25.00