## 16000168476

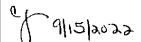
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## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT:	LASTAN	INAO, LLC	
		ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subr	nitted for tiling.	
Please return all correspor	idence concerning this matter t	to the following:	
	Janic	e I. Vazgoez Lla	avina
		ASTA NNAO Firm/Company	444)
		_	
		xee Ridge Circle	
	Ha	City/State and Zip Code	2323
	Sejas- E-mail ud ress: (1	tanlle and Sip Code  tanlle a gmail.  o be used for future authal report noti	Com fication)
For further information co	ncerning this matter, please ca	II:	
Segundo Name of	A. Perez Person	at ( <u>678</u> ) 643-6 Area Code Daytim	<b>9638</b> e Telephone Number
Enclosed is a check for the	e following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status .	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	_	Street Address:	
Registration Solution Solution Solution of Co		Registration Sec Division of Cor	
P.O. Box 6327		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2622 SEP 15 7"11:46

	LASTANNAO, LLC			
(Name of the Limit	ted Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)	TAL	٠. '
The Articles of Organization for this Limited L Florida document numberL16000168476	iability Company were filed on	09/09/2016	and assigned	
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liability company he	<u>re</u> :		
The new name must be distinguishable and contain the v	words "Limited Liability Company," the de	signation "LLC" or the	abbreviation "L.L.C."	_
Enter new principal offices address, if applic	rable:	<del></del>		
(Principal office address MUST BE A STREE	ET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)				_ _ _
B. If amending the registered agent and/or in agent and/or the new registered office addre	registered office address on our re ss here:	cords, <u>enter the na</u>	me of the new regist	tered
Name of New Registered Agent:				_
New Registered Office Address:	Futer Flori	ida street address		_
	Liuer r tort			
	City	, Florida _	Zip 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 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
MGR	Janke I. Varguez Van	vina 365 Deer Ridge Cikle Hawara, F1 32373	( <b>£</b> -⁄\dd
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Effecti	ve date, if other than the date of filing:
(If an eff Note:	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	ent's effective date on the Department of State's records.
ne recor ord is fil	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	···
Dated	Sept. 15, 2002
	' ^ ^ / · ^ ·
	Signature of member or authorized representative of a member
	Janice J. Valguer Clavina  Typed or printed name of signee

Filing Fee: \$25.00