

Office Use Only



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DURING THE OF STATE

S. WARREN SEP 0 5 2017

COVER LETTER

SUBJECT:Name of Limited Liability Company								
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.						
Please return all correspo	ondence concerning this matter	to the following:						
	YANIS HENNOUNI	/						
		Name of Person	· 					
	LEGRAND LA VIE DOR	EE, LIC						
	· · · · · · · · · · · · · · · · · · ·	Firm/Company						
	4770 BISCAYNE BLVD,	SUITE 1280						
		Address	 					
	MIAMI, FL 33137							
		City/State and Zip Code						
	YANIS.HENNOUNI@GM							
	E-mail address: (to be used for future annual report notifi	cation)					
For further information c	concerning this matter, please c	all:						
YANIS HENNOUNI		786 395-4147						
Name c	of Person	Area Code Daytime	Telephone Number					
Enclosed is a check for t	he 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 of Certified Copy (additional copy is enclose					

MAILING ADDRESS:

TO:

Registration Section

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

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) .iability Company)		
The Articles of Organization for this Limited Liability Company Florida document number 1.16000173234	were filed on September 15th, 2016	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
LGLVD, LLC			
The new name must be distinguishable and contain the words "Limited Liabil	fity Company," the designation "LLC" or the ab	breviation "L.L.C."	
Enter new principal offices address, if applicable:	4770 BISCAYNE BLVD		
(Principal office address MUST BE A STREET ADDRESS)	SS) SUFFE 1280		
	MIAMI, FL 33137		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of	Tipe address on our receive enter	the nume of the	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	——————————————————————————————————————	the name of the	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florida		
	City	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

SSECTION

Page 1 of 3

Page 1 of 3

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	YANA PACITTI	4770 BISCAYNE BLVD	
		SUITE 1280	D D
		MIAMI, FL33137	Change
			□ Remove
			Change
			
			Remove
			Change
			☐ Remove
			Change
			Ramove Ramove
			☐ Change

 				
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ective date, if other than the deflective date is listed, the date must be	late of filling:	or to date of filing or more t	(optional) han 90 days after filing.) !	Pursuant to 605,020
e: If the date inserted in this blocument's effective date on the Dep	ck does not meet the appl	icable statutory filing re-	prirements, this date w	ill not be listed a
record specifies a delayed he 90th day after the reco		ot an effective time	e, at 12:01 a.m. o	n the earlier o
AUGUST 24th	2017	•	圣 原	17
<u> </u>				SEP
			334.1	<u> </u>

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Typed or printed name of signee

Filing Fee: \$25.00