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COVER LETTER

TO:	Registration Sec Division of Cor			
cunit	LaCorte Ho	ldings LLC		
SUBJE	~I; <u></u> _	Name of Limi	ited Liability Company	
The encl	losed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		Ronald LaCorte		
			Name of Person	
		 	Firm/Company	
		8131 Greenbrier Ct		
			Address	
		Spring Hill, FL 34606		
		ronald1633@gmail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	ication)
For furtl	ner information co	oncerning this matter, please co	all:	
Ronald	LaCorte		at () 686-0212 Area Code Daytime	
	Name of	f Person	Area Code Daytime	: Telephone Number
Enclose	d is a check for th	e 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 & 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

LaCorte Holdings, LLC		
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)	-
The Articles of Organization for this Limited Liability C	Company were filed on $\frac{1/26/2017}{}$	and assigned
Florida document number L17000021480	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		25.C 2
(Principal office address MUST BE A STREET ADD)	RESS)	PI PEO 20 VH-MSS
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		LED AH 7: 28 SECTION DA APPLIANTE AP
B. If amending the registered agent and/or registered agent and/or the new registered office add		enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flor	ida
	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

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	Ronald LaCorte	8131 Greenbrier Ct Spring Hill, FL 34606	
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December 17, 2018 Tective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or mo ote: If the date inserted in this block does not meet the applicable statutory filing ocument's effective date on the Department of State's records.	(optional) re than 90 days after filing.) Pursuant to 60	
e record specifies a delayed effective date, but not an effective til The 90th day after the record is filed.	me, at 12:01 a.m. on the earl	ier o
ated DEC		

Page 3 of 3

Filing Fee: \$25.00