

L17000 106672

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. WARREN

AUG 16 2017

COVER LETTER

TO: Registration Section
Division of Corporations

08/10/17.

SUBJECT: LA CORPORATIVA SERVICES LLC.

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Luis Chiossone

Name of Person

LA CORPORATIVA SERVICES.

Firm/Company

5310 NW 114 AVE. DORAL, FL.

Address

Doral, FL. 33178

City/State and Zip Code

alejandrchiossone97@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Luis Chiossone

Name of Person

at (786)

Area Code

862-3975.

Daytime Telephone Number

Enclosed is a check for the 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**

LA CORPORATIVA SERVICES LLC.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 05/15/17 and assigned Florida document number L17000106672.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "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 office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

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

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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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Marco Risquez		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		5310 NW 114 AVE. Miami, FL.	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Luis Chiossone		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		5310 NW 114 AVE. Miami, FL.	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Guillermo Felipe	5310 NW 114 AVE. Miami, FL.	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Leonora longo		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		5310 NW 114 AVE. Miami, FL.	<input checked="" type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

On the system I got Senior Initials and
I'm NOT SENIOR, so I would like to REMOVE
the SENIOR INITIALS.

Thank you so much.
Luis Chiossone.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated 08 / 10 / 17, _____.

Signature of a member or authorized representative of a member

Luis Alejandro Chiossone Longo

Typed or printed name of signee

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TALLAHASSEE, FLORIDA