

Florida Department of State

 Division of Corporations
 Electronic Filing Cover Sheet

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To:

 Division of Corporations
 Fax Number : (850)617-6383

From:

 Account Name : BEST PRO SERVICES INC
 Account Number : I20140000068
 Phone : (727)504-1870
 Fax Number : (727)683-9500

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

 Email Address: 4HELP123@gmail.com

 LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
 LA HOLDING LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

9/13/18 DS

2018 SEP 12 PM 4:55

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LA HOLDING 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:

BRACIULIS, LINAS

Name of Person

LA HOLDING LLC

Firm/Company

2108 PALMETTO STREET

Address

CLEARWATER, FL 33765

City/State and Zip Code

4help123@gmail.com

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

For further information concerning this matter, please call:

BRACIULIS, LINAS

727

953-2447

at (_____) _____

Name of Person

Area Code

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 HOLDING 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 07/06/2018 and assigned
Florida document number L18000164390

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 office 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: JETIMAR DEREK

New Registered Office Address: 2108 PALMETTO STREET

Enter Florida street address

CLEARWATER

Florida 33765

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	BRACIULIS, LINAS	2108 PALMETTO STREET	☐ Add
		CLEARWATER, FL 33765	☒ Remove
			☐ Change
AMBR	JETTMAR, DEREK	2108 PALMETTO STREET	☒ Add
		CLEARWATER, FL 33765	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

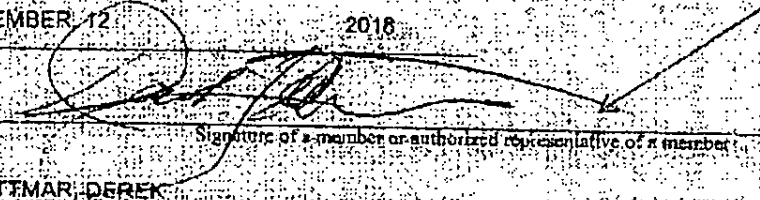
DEREK JETTMAR SINGLE OWNER

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: SEPTEMBER 12 2018



Signature of a member or authorized representative of a member

JETTMAR, DEREK

Typed or printed name of signer