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## COVER LETTER

SUBJECT:	CAISCA OICYC	ed Liability Company	
Division of Corporations  Out (1997) (5)			
Division of Corporations  SUBJECT:			
		Division of Corporations  ECT:	
		Name of Person	
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
		Address	<del></del>
		City/State and Zip Code	
	E-mail address: (	to be used for future annual report notific	ation)
For further information co	ncerning this matter, please ca	all:	
$\neg \circ \lor \lor \iota \circ$	Weeks	336,344 6	63 L
Name of	Person	Area Code Daytime	l'elephone Number
	Division of Carporations  CT:		
Enclosed is a check for th	e following amount:		
S25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Registration S Division of C	Section orporations	Registration Sect - Division of Corp The Centre of Ta	orations llahassee
SUBJECT:  Name of Liffited Liability Company  The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  Name of Person  Firm/Company  Address  City/State and Zip Code  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  \[ \sum_{\text{Name of Person}} \]  Area Code  Daytine Telephune Number  Enclosed is a check for the following amount:  \[ \sum_{\text{S25.00 Filing Fee}} \]  Certificate of Status  \[ \text{S25.00 Filing Fee} \]  Certificate of Status  \[ \text{S25.00 Filing Fee} \]  Certified Copy (additional copy is enclosed)  \[ \text{Mailing Address:} \]  Registration Section  Division of Corporations  P.O. Box 6327  Tallabassee, FL 32314  Tallabassee, FL 32314  Tallabassee, FL 32314			

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

3

	OF			•
Laisa	Organics	LLC	records	-
(Name of the Limited I	Liability Company as Florida Limited Liabil	ity Company)	records.)	<u>.</u>
The Articles of Organization for this Limited Liabi		e filed on <u>L 13</u>	000 224352 and ass	igned
This amendment is submitted to amend the following	ng;			
A. If amending name, enter the new name of the	e limited liability	company here:		
The new name must be distinguishable and contain the words	s "Limited Liability Co	ompany," the designation	n "LLC" or the abbreviation "L.	L.C."
Enter new principal offices address, if applicable	e:			
(Principal office address MUST BE A STREET A	IDDRESS)		****	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO	<u>x</u>			
B. If amending the registered agent and/or registered office address h		ess on our records,	enter the name of the nev	<u>v registered</u>
Name of New Registered Agent:				
New Registered Office Address:		Enter Florida stree	t address	
			. Florida	
-	· · · · · · · · · · · · · · · · · · ·	Circ	Zin Coda	

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>	Name	Address	Type of Action
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,		Pines Fl 33023	□Remove
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		Pines F1 33023	□Remove
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ecord is tile		ctive date, but not an effecti	ive time, at 12:01 a.m. on t	the earlier of: (b) The 90th do	iy after the
ited _	Jdy d	(1) . 70			
	.//	Signature of a member or	authorized representative of	a member	
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