

L18000245895

Florida Department of State
Division of Corporations
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THE LACROSSE COOPERATIVE, LLC

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November 19, 2018

FLORIDA DEPARTMENT OF STATE
Division of Corporations

THE LACROSSE COOPERATIVE, LLC
PO BOX 665
BLOOMFIELD HILLS, MI 48303

SUBJECT: THE LACROSSE COOPERATIVE, LLC
REF: L18000245895

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please disregard the letter sent 11/19/18 stating the amendment had been filed. The amendment has not been filed. Unfortunately the name should have not been accepted in the original filing.

According to section 618.27, Florida Statutes, no person doing business in this state shall be entitled to use the word "cooperative" as part of its corporate or other business name unless they fall under the provisions of Chapter 618.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Tammi Cline
Regulatory Specialist III

FAX Aud. #: H18000326452
Letter Number: 118A00023430

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE LACROSSE COOPERATIVE, 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 OCTOBER 22, 2018 and assigned Florida document number L18000245895.

This amendment is submitted to amend the following:

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

THE LACROSSE COOP, LLC

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:

1801 N. HIGHLAND AVE.

(Principal office address **MUST BE A STREET ADDRESS**)

TAMPA, FL 33602

Enter new mailing address, if applicable:

P.O. BOX 3913

(Mailing address **MAY BE A POST OFFICE BOX**)

TAMPA, FL 33601-3913

18 DEC 12 AM 8:55
CLERK OF DISTRICT COURT
HILLSBORO, FLORIDA

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

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>
MGR	EDWARD CHIMA	3512 GULF BLVD. ST. PETE BEACH, FL 33706	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JAMES J. EVANGELISTA	P.O. BOX 3913 TAMPA, FL 33601-3913	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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U.S. DEPARTMENT OF JUSTICE

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

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U.S. AIR FORCE
HAWAIIAN ISLANDS
HONOLULU, HAWAII

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 DECEMBER 7

Signature of a member or authorized representative of a member

JAMES J. EVANGELISTA, AUTHORIZED REPRESENTATIVE.

Typed or printed name of signee